

**Discharge Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have seen Marlisse Testa, LMHC at

Testa Counseling, for weekly/bi-weekly psycho-therapy sessions from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I have completed my goals/ sessions and have received the

tools, skills and strategies in order to maintain my desired goals.

Upon termination I receive any/all information needed and will be

referred out for any additional treatment if needed. This client can

re-open his/her file/chart at any time.

Discharge Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marlisse Testa, LMHC