

## NAVY RESERVE AND MARINE FORCES RESERVE PSYCHOLOGICAL HEALTH OUTREACH PROGRAM DISCHARGE SUMMARY

Client Name	NICN Number	Date of Initial Referral	Date of First Contact With Client
Client's HTC/NOSC		POC	
Source of Referral		Telephone Number	
Reason for Referral			
Initial Status <input type="checkbox"/> GAF <input type="checkbox"/> COSC <input type="checkbox"/> SI <input type="checkbox"/> SA <input type="checkbox"/> HA			
High Risk Case			
Client Referred To			
Last Successful Client Contact Date	Date of Case Closure	Reason for Case Closure	
Final Status <input type="checkbox"/> GAF <input type="checkbox"/> COSC <input type="checkbox"/> SI <input type="checkbox"/> SA <input type="checkbox"/> HA			
Remarks			
LOC/OC Name	LOC/OC Signature	Date	