# 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

☐ GAF ☐ COSC ☐ SI ☐ SA ☐ HA

High Risk Case

Client Referred To

| Last Successful Client Contact Date | Date of Case Closure | Reason for Case Closure |
|---|---|---|
| | | |

Final Status

☐ GAF ☐ COSC ☐ SI ☐ SA ☐ HA

Remarks

| LOC/OC Name | LOC/OC Signature | Date |
|---|---|---|
| | | |