



## SERVICES DISCHARGE SUMMARY

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DATE: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

### DATES OF SERVICES:

From: \_\_\_\_\_ To: \_\_\_\_\_

Dear \_\_\_\_\_,

We are closing out the services you received from Reality Check. We hope you feel successful in your personal progress and are better equipped to manage and sustain your recovery from drug and alcohol use addiction.

If you be interested in continuing services with another provider, we have listed three resources below who are in close proximity to you:

- Addiction Recovery Coalition of NH, Elm Street, Milford, NH 603-554-8142
- Gates Recovery Center, Turnpike Road, New Ipswich, NH 603-801-8125
- Keene Serenity Center, Vernon Street, Keene, NH 603-283-5015

If you prefer and with your written permission, we are happy to call and make a verbal referral on your behalf. Please let us know if we can assist you in this transition.

With warm wishes on your continued journey,

\_\_\_\_\_  
Recovery Coach or Counselor Signature

\_\_\_\_\_  
Printed Name