

**ASU SPEECH AND HEARING CENTER
P.O. BOX 910, STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788**

Discharge/Termination Summary

File Number: _____

Name: _____ DOB: _____

Address: _____

Referral Source: _____

Diagnosis: _____

Date First Seen at ASU SHC: _____

Period (s) Seen at ASU SHC: _____

Summary of Services: _____

Date Last Seen at ASU SHC: _____

Reason For Dismissal: _____

Student Clinician Date

Clinical Supervisor Date

