Organisation name Site or unit		FORM Discharge and relapse plan record	
Document ID	SUB-FRM-003	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Form · SUB-FRM-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 38.5

1. Purpose

Records the discharge plan, the community referral, the relapse plan and the person's agreement.

2. How to complete

- Record the planned discharge date.
- Record the community referral and the receiving service.
- Record the relapse plan and the person's agreement.

3. Checks

Check	Entry
Planned discharge date	Yes
Community referral and service	Yes
Relapse plan agreed (yes or no)	Yes
Consent to share plan	Yes

4. Evidence

Reference	Note
E-009	Based on the WHO guidelines for the psychosocially assisted pharmacological treatment of opioid dependence (2009), the WHO Guidelines on HIV and harm reduction for people who inject drugs, and the ASF Ambulatory standard for addiction services.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

5. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

6. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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