

Client Discharge Report

***FOR DISCHARGES DATED 1/1/2007 AND BEYOND**

Provider Number _____

Program Number _____

Provider Client ID _____

Sex Male Female Birth Date ____/____/____ Last 4 SSN _____ Last Name 2 Letters ____ (Birth Name)

Date Last Treated ____/____/____

Education at Discharge (if education at admission was entered incorrectly, it must be updated in "Client Management" online)

- | | | | |
|---------------------------------------|------------------------------|--|---|
| <input type="checkbox"/> No education | <input type="checkbox"/> 5th | <input type="checkbox"/> 10th | <input type="checkbox"/> Vocational Cert w/ Diploma/GED |
| <input type="checkbox"/> 1st | <input type="checkbox"/> 6th | <input type="checkbox"/> 11th | <input type="checkbox"/> Some College-No degree |
| <input type="checkbox"/> 2nd | <input type="checkbox"/> 7th | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Associates Degree |
| <input type="checkbox"/> 3rd | <input type="checkbox"/> 8th | <input type="checkbox"/> General Equivalency Diploma | <input type="checkbox"/> Bachelors Degree |
| <input type="checkbox"/> 4th | <input type="checkbox"/> 9th | <input type="checkbox"/> Vocational Cert w/o Diploma/GED | <input type="checkbox"/> Graduate Degree |

Employment Status

- | | | |
|---|--|---|
| <input type="checkbox"/> Employed Full Time-35+ hrs/wk | <input type="checkbox"/> Not employed/Able to Work | <input type="checkbox"/> Not in Labor Force, Student |
| <input type="checkbox"/> Employed Part Time-<35 hrs/wk | <input type="checkbox"/> Not in Labor Force, Child Care | <input type="checkbox"/> Not in Labor Force, Other |
| <input type="checkbox"/> Employed in Sheltered Workshop | <input type="checkbox"/> Not in Labor Force, Disabled | <input type="checkbox"/> Social Services Work Exp Program |
| <input type="checkbox"/> Unemployed, In Treatment | <input type="checkbox"/> Not in Labor Force, In Training | <input type="checkbox"/> Unable to Work, Mandated Treatment |
| <input type="checkbox"/> Unemployed, Looking for Work | <input type="checkbox"/> Not in Labor Force, Inmate | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unemployed, Not Looking for Work | <input type="checkbox"/> Not in Labor Force, Retired | |

Type of Residence

- | | | |
|---|--|--|
| <input type="checkbox"/> Private Residence | <input type="checkbox"/> Single Resident Occupancy | <input type="checkbox"/> Other Group Residential Setting |
| <input type="checkbox"/> Homeless, Shelter | <input type="checkbox"/> CD Community Residence | <input type="checkbox"/> Institution, Other (jail, hospital) |
| <input type="checkbox"/> Homeless, No Shelter | <input type="checkbox"/> MH/MRDD Community Residence | <input type="checkbox"/> Other |

Living Arrangements Living Alone Living w/ Non-Related Persons Living with Spouse/Relatives

Primary Payment Source

- | | | |
|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Medicare | <input type="checkbox"/> Private Insurance – Managed Care |
| <input type="checkbox"/> Self-Pay | <input type="checkbox"/> DSS Congregate Care | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Department of Veterans Affairs | |
| <input type="checkbox"/> Medicaid Managed Care | <input type="checkbox"/> Private Insurance – Fee for Service | |

Mental Health

- | | | |
|--|------------------------------|-----------------------------|
| Co-existing Psychiatric disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ever Treated for a mental illness problem | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ever Hospitalized for mental illness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ever Hospitalized 30 or more days for mental illness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Total Treatment Visits – For use only by Outpatient Programs (Excluding Methadone Maintenance Programs)

Total Treatment Visits _____

Individual Counseling Sessions _____ (Provided by primary counselor)

Group Counseling Sessions _____ (Provided by primary counselor)

Family Counseling Sessions _____ (Provided by any direct care staff)

Recent History: Six Months Prior to Discharge (or during treatment if stay was less than 6 months)

Number of Arrests _____ Days Incarcerated _____

Days Hospitalized _____ Days in Inpatient Detox _____

Number of ER Episodes _____

No. of Arrests in Prior 30 Days _____ (or during treatment if stay was less than 30 days)

Client Discharge Report

FOR DISCHARGES DATED 1/1/2007 AND BEYOND

Status of Alcohol and Other Drug Use at Discharge

Status of Problem Substances Reported at Admission

	Substance*	Frequency of Use at Discharge
Primary		
Secondary		
Tertiary		

*Note: Substance(s) reported at admission will be pre-filled on the Client Data System

Frequency of Use
 No use in last 30 days
 1-3 times last 30 days
 1-2 times per week
 3-6 times per week
 Daily

Status of Different Problem Substances Used and Not Reported at Admission (if any)

First Problem Substance

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> OxyContin | <input type="checkbox"/> GHB | <input type="checkbox"/> Other Hallucinogen |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other Opiate/Synthetic | <input type="checkbox"/> Khat | <input type="checkbox"/> Ephedrine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Alprazolam (Xanax) | <input type="checkbox"/> Other Tranquillizer | <input type="checkbox"/> Inhalant |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Benzodiazepine (e.g., Klonopin) | <input type="checkbox"/> Other Amphetamine | <input type="checkbox"/> ROHYPNOL |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Catapres (Clonidine) | <input type="checkbox"/> Other Stimulant | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Other Sedative /Hypnotic | <input type="checkbox"/> PCP | <input type="checkbox"/> Over-the-Counter |
| <input type="checkbox"/> Non-Rx Methadone | <input type="checkbox"/> Elavil | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Other |

- Route of Administration** Inhalation Injection Oral Smoking Other
Frequency of Use No use last 30 days 1-3 times last 30 days 1-2 times p/week 3-6 times p/week Daily

Second Problem Substance

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> OxyContin | <input type="checkbox"/> GHB | <input type="checkbox"/> Other Hallucinogen |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other Opiate/Synthetic | <input type="checkbox"/> Khat | <input type="checkbox"/> Ephedrine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Alprazolam (Xanax) | <input type="checkbox"/> Other Tranquillizer | <input type="checkbox"/> Inhalant |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Benzodiazepine (e.g., Klonopin) | <input type="checkbox"/> Other Amphetamine | <input type="checkbox"/> ROHYPNOL |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Catapres (Clonidine) | <input type="checkbox"/> Other Stimulant | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Other Sedative /Hypnotic | <input type="checkbox"/> PCP | <input type="checkbox"/> Over-the-Counter |
| <input type="checkbox"/> Non-Rx Methadone | <input type="checkbox"/> Elavil | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Other |

- Route of Administration** Inhalation Injection Oral Smoking Other
Frequency of Use No use last 30 days 1-3 times last 30 days 1-2 times p/week 3-6 times p/week Daily

Third Problem Substance

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> OxyContin | <input type="checkbox"/> GHB | <input type="checkbox"/> Other Hallucinogen |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other Opiate/Synthetic | <input type="checkbox"/> Khat | <input type="checkbox"/> Ephedrine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Alprazolam (Xanax) | <input type="checkbox"/> Other Tranquillizer | <input type="checkbox"/> Inhalant |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Benzodiazepine (e.g., Klonopin) | <input type="checkbox"/> Other Amphetamine | <input type="checkbox"/> ROHYPNOL |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Catapres (Clonidine) | <input type="checkbox"/> Other Stimulant | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Other Sedative /Hypnotic | <input type="checkbox"/> PCP | <input type="checkbox"/> Over-the-Counter |
| <input type="checkbox"/> Non-Rx Methadone | <input type="checkbox"/> Elavil | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Other |

- Route of Administration** Inhalation Injection Oral Smoking Other
Frequency of Use No use last 30 days 1-3 times last 30 days 1-2 times p/week 3-6 times p/week Daily

NYS Office of Alcoholism and Substance Abuse Services
Client Discharge Report
FOR DISCHARGES DATED 1/1/2007 AND BEYOND

Discharge Reason & Referral Information

Discharge Status

- Completed Treatment: All Goals Met
- Completed Treatment: Half or More Goals Met
- Treatment Not Completed: Maximum Benefit/Clinical Discharge
- Treatment Not Completed: Some Goals Met
- Treatment Not Completed: No Goals Met

Discharge Disposition (CHECK ONE)

- Additional treatment at this level of care no longer necessary
- Further treatment at this level unlikely to yield added clinical gains
- Left against clinical advice: Formal referral made/offered
- Left against clinical advice: Lost to contact (no referral possible)
- Left against clinical advice: Termination of third party funds
- Left due to non-compliance with program rules
- Left due to regulatory requirements (note: *crisis programs*)
- Client arrested/incarcerated
- Client could no longer participate for medical/psych. reasons
- Client death
- Client relocated
- Program closed

Referral Disposition (CHECK ONE)

- No referral made
- Client not in need of additional services
- Referred back to CD* program
- Referred to other CD* program
- Referred to Mental Health Program
- Referred to non-CD* or non-MH treatment
- Referred to Gambling Program
- Refused referral

*CD=chemical dependence

Currently Attending 12-Step and Other Self-help Group Meetings (last 30 days)

- Yes No

Referral Category (CHECK ONE)

Chemical Dependency (CD) Programs

- CD Methadone Program
- CD Medically Supv. Outpatient
- CD Outpatient Rehab Services
- CD Outpatient Non-Med. Supv.
- CD Outpatient CD for Youth
- CD Residential Methadone
- CD Inpatient Rehabilitation
- CD OASAS Addiction Treatment Center
- CD Intensive Residential
- CD Community Residential
- CD Supportive Living
- CD Medically Managed Detox
- CD Residential CD for Youth
- CD Medically Supervised Withdrawal Inpatient/Res.
- CD Medically Supervised Withdrawal Outpatient
- CD Medically Monitored Withdrawal

Health Institutions

- Hospital
- Hospital (Long Term)/ Nursing Home
- Nursing Home, Long Term Care
- Group Home, Foster Care

Mental Health Programs

- Mental Health Community Residence
- Mental Health Inpatient
- Mental Health Outpatient
- Mental Retardation/Dev Disabilities

Self-Help

- AA, NA, Women for Sobriety, SOS, etc.
- Al-Anon, Alateen, Nar-Anon, etc.

- Other Referral

- No Referral Made
- Refused Referral

Evaluation of Client's Goal Achievement

Drug Use

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Alcohol Use

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Medical Conditions

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Social Functioning

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Vocational/Educational

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Family Situation

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Emotional Functioning

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

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Addiction Medications Used During Treatment

(CHECK ALL THAT APPLY)

- Methadone
- Buprenorphine
- Zyban/Wellbutrin
- Naltrexone/Revia
- Antabuse
- Nicotine Lozenges
- Nicotine Gum
- Nicotine Patch
- Campral
- Other Addiction Medications
- None

Orientation to Change *(For use only by Residential Rehabilitation for Youth Programs)*

Which statement best characterizes this patient's orientation to change with respect to alcohol/drug use at the time of discharge?

- Ambivalent
- Change Oriented
- Planning Change
- Active Early Recovery
- Ongoing Recovery and Relapse Prevention

For Provider Use (Optional)

Signature _____

Title _____

Date _____