

**New York State Office of Addiction Services and Supports  
Problem Gambling Treatment Discharge Report**

Provider Number \_\_\_\_\_ Program Number \_\_\_\_\_ Provider Client ID \_\_\_\_\_  
 Sex  Male  Female  X Birth Date \_\_\_/\_\_\_/\_\_\_ Last 4 SSN \_\_\_\_\_ Last Name First 2 Letters \_\_\_\_\_  
 (at birth) (Birth Name)  
 Admission Date \_\_\_/\_\_\_/\_\_\_ Last Date Treated \_\_\_/\_\_\_/\_\_\_

**LOCADTR Information**

Assessment ID \_\_\_\_\_ Created Date \_\_\_/\_\_\_/\_\_\_

**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"/> SUD Community Residence/Part 820 Reintegration – Congregate | <input type="checkbox"/> Institution, Other (e.g., Hospital)         |
| <input type="checkbox"/> Homeless, No Shelter | <input type="checkbox"/> MH/DD Community Residence                                   | <input type="checkbox"/> Residential Services for SUD/Scatter – Site |
|   |  | <input type="checkbox"/> Other                                       |

**Employment Status:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Employed Full Time-35+ hrs/wk  | <input type="checkbox"/> Unemployed, Not Looking         | <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 to Treatment |
| <input type="checkbox"/> Unemployed, Looking            | <input type="checkbox"/> Not in Labor Force, Retired     |  |

**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"/> SSI                            |
| <input type="checkbox"/> Medicaid              | <input type="checkbox"/> Department of Veterans Affairs    | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Medicaid Managed Care | <input type="checkbox"/> Private Insurance-Fee for Service |   |

**Status of Gambling-Related Problems (Check one for each):**

- |                               |                                   |  |                                       |   |
|-------------------------------|-----------------------------------|--|---------------------------------------|---|
| <b>Gambling</b>               | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| <b>Drug Use</b>               | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| <b>Alcohol Use</b>            | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| <b>Financial</b>              | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| <b>Legal</b>                  | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| <b>Vocational/Educational</b> | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| <b>Medical/Health</b>         | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| <b>Lethality: Self</b>        | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| <b>Lethality: Other</b>       | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| <b>Mental Health</b>          | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| <b>Family</b>                 | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |

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**Discharge Status & Referral Category:**

**Discharge Status**

- Completed Treatment: All Goals Met
- Completed Treatment: Half or More Goals Met
- Treat Not Completed: Max Benefit/Clinical Dis
- Treatment Not Completed: Some Goals Met
- Treatment Not Completed: No Goals Met

- Client arrested/incarcerated
- Client could no longer participate for medical/psychiatric reasons
- Client death
- Client relocated
- Program closed

**Discharge Disposition**

- 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 contact (no referral possible)
- Left against clinical advice: Termination of third party funds
- Discharged due to non-compliance: program rules
- Discharged due to non-compliance: violence
- Discharged due to non-compliance: possession of contraband

**Referral Disposition**

- No referral made
- Client not in need of additional services
- Referred back to SUD\* program
- Referred to other SUD\* program
- Referred to Mental Health Program
- Referred to other Problem Gambling Program
- Refused referral

\*SUD= Substance Use Disorder

**Referred to Self-Help Group**

- Yes
- No

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**Referral Category (check one)**

**Self-Help**

- Problem Gambling Self Help Group Meetings
- Substance Use Self Help Group Meetings

- Open Access Center
- Family Support Navigator
- Regional Addiction Resource Center

**Substance Use Disorder Treatment**

- SUD Opioid Treatment Program
- SUD Medically Supervised Withdrawal Inpatient/Res
- SUD Medically Supervised Withdrawal Outpatient
- SUD Medically Monitored Withdrawal/Part 820 Stabilization
- SUD Inpatient Rehabilitation
- SUD Intensive Residential/Part 820 Rehabilitation
- Residential Rehabilitation Services for Youth (RRSY)
- SUD Community Residence/Part 820 Reintegration - Congregate
- SUD Residential Opioid Treatment
- SUD Outpatient Rehab Services
- SUD Medically Supervised Outpatient
- SUD Medically Managed Detox
- OASAS Addiction Treatment Center
- SUD Supportive Living/ Part 820 Reintegration Scatter-Site

\*SUD=Substance Use Disorder

**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
- Intellectual Disabilities/Dev Disabilities Program

**Problem Gambling Programs**

- Problem Gambling Outpatient
- Problem Gambling Inpatient/Residential
- Financial Counseling
- Other Referral
- No Referral Made

**Recovery Support Services**

- Recovery Community and Outreach Center
  - Youth Clubhouse
  - Peer Advocate
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**Number of Counseling Sessions:**

Individual Counseling Sessions \_\_\_ \_\_\_ \_\_\_  
Group Counseling Sessions \_\_\_ \_\_\_ \_\_\_  
Family/Couple Sessions \_\_\_ \_\_\_ \_\_\_

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**How does the client's current gambling problem compare to the level of gambling at admission?**

- No Longer Gambling
- Reduced
- Worse
- Don't Know

**During the past 30 days, what amount of money did you spend on a typical day of gambling? \$** \_\_\_\_\_

**During the past 30 days, how much time did client usually spend on a typical day of gambling? \_\_\_ hrs. \_\_\_ min.**

**During the past 30 days, on how many days did client gamble? \_\_\_ days**

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**Mental Health Related Conditions**

Intellectual Disability/Developmental Disability  Yes  No

Co-Existing Psychiatric Disorder  Yes  No

**History of Mental Health Treatment**

Ever treated for mental illness  Yes  No

Ever hospitalized for mental illness  Yes  No

Ever hospitalized 30 or more days for mental illness  Yes  No

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Was the DSM V Gambling Disorder Form Administered During the Last 90 Days (other than Admission)?  Yes  No

**Score of Last Administration (non-admission):** \_\_\_

**Date of Last Administration (non-admission):** \_\_\_/\_\_\_/\_\_\_