

NYS Office of Alcoholism and Substance Abuse Services
Client Discharge Reporting Form
***FOR DISCHARGES DATED 6/1/2005 AND BEYOND**

Provider Number _____

Program Number _____

Provider Client ID _____

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

Date Last Treated ___/___/_____

Education at Discharge (please note: if education at admission was entered incorrectly, it must be change in "Client Management" online.)

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

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 – Report for Outpatient Programs Only (Excluding Methadone)

Total Treatment Visits _____

Individual Counseling Sessions _____

Group Counseling Sessions _____

Recent History: Six Months Prior to Discharge

Number of Arrests _____ Days Incarcerated _____

Days Hospitalized _____ Days in Detox _____

Number of ER Episodes _____

Current Status(at discharge) of Problem Substances Reported at Admission

Primary Substance: _____ Usage Status No Usage Same Usage Unknown Usage
 Reduced Usage Increased Usage Not Applicable

Secondary Substance: _____ Usage Status No Usage Same Usage Unknown Usage
 Reduced Usage Increased Usage Not Applicable

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Discharge Reason & Referral Category

Discharge Status

- Completed Treatment: All treatment goals met
- Completed Treatment: Half of treatment goals met
- Treatment Not Completed: Max benefit/clinical
- Treatment Not Completed: Some goals met
- Treatment Not Completed: No goals met

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 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
- Client arrested/incarcerated
- Client could no longer participate for med/psych reasons
- Client death
- Client relocated

Primary client enrolled, significant other discharged/lost custody

Primary client enrolled, significant other discharged, other

Primary client no longer enrolled (children in residence only)

Program closed

**These 3 categories to be used by residential programs for women with children only*

**Referral Disposition
(CHECK ALL THAT APPLY)**

- No referral made
- No services needed
- Referred back to AOD* program
- Referred to less intense AOD*
- Referred to more intense AOD*
- Referred to same AOD* at diff location
- Referred to non-AOD* treatment
- Referred to self-help group
- Refused referral

*AOD=alcohol and other drug (treatmt)

Referral Category (CHECK ALL THAT APPLY)

Chemical Dependency Programs

- CD Methadone Program (Part 828)
- CD Outpatient Services (Part 822)
- CD Outpatient Rehab Services (Part 822 .9)
- CD Outpatient Non-Medically Supv (Part 821)
- CD Outpatient CD for Youth (Part 823)
- CD Residential Methadone (Part 828)
- CD Inpatient Rehabilitation (Part 818)
- OASAS Addiction Treatment Center
- Other Inpatient Rehabilitation
- CD Intensive Residential (Part 819)
- CD Community Residential (Part 819)
- CD Supportive Living (Part 819)
- CD Medically Managed Detox (Part 816.6)
- CD Residential CD for Youth (Part 820)

- CD Medically Supervised Withdrawal Inpatient (Pt 816.7)
- CD Medically Supervised Withdrawal Outpatient (Pt 816.7)
- CD Medically Monitored Withdrawal (Part 816.8)

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

Evaluation of Client's Goal Achievement

Overall Goals

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Drug Use

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Social Functioning

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Family Situation

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Alcohol Use

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Vocational Education

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Emotional Functioning

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Medical

- Achieved
- Partial Achievement
- Not Achieved
- Not Applicable

Addiction Medications Used During Treatment (CHECK ALL THAT APPLY – IF NONE, LEAVE BLANK)

- Methadone
- Buprenorphine
- Zyban/Wellbutrin
- Naltrexone/Revia
- Antabuse
- Nicotine Lozenges
- Nicotine Gum
- Nicotine Patch
- Campral
- Other Medications