

Discharge

Client Name: _____

1. Date Discharged: _____

2. Discharge Staff: _____

3. Reason for Discharge:

- Completed Treatment – Tx Plan Completed-----Complete All
- Completed Treatment – Tx Plan Substantially Completed-----Complete All
- Referred Outside-----Complete All
- Program Decision Due to Lack of Progress-Program Decision-----Complete All
- Client Left-----Complete fields 1-3, 7, 18, 25-26
- Incarcerated-----Complete fields 1-3, 7, 18, 25-26
- Client Died-----Complete fields 1-3, 7, 18, 25-26
- Other-----Complete All
- Managed Care Decision-----Complete All
- Detox Only – Client’s Tx Consisted of Detox Only-----Complete All

4. Past IV User: Yes No

5. # of Arrests in Past 30 Days: _____

6. # of Arrests Since Admission due to:

- OWI
- Non Alcohol related crime while under the influence
- Non Alcohol related crime while NOT under the influence
- Drug/Alcohol related crime

7. Pregnant: Yes No

8. Relationship Status:

- Never Married – Single
- Married
- Cohabiting
- Separated
- Divorced
- Widowed
- Unknown
- Not Collected

9. Living Arrangement:

- Alone
- With parents
- With significant others
- With significant other & children
- With children alone
- Other adults
- Other adult(s) and children
- Jail/Correctional Facility
- Homeless
- Correctional Halfway House
- Substance Abuse Halfway House
- Group Home
- Hospital
- Shelter
- Child/Adolescent
- Juvenile Detention
- Transitional Housing

10. Employment Status:

- Employed Full Time
- Employed Part Time
- Unemployed-Looking for Work
- Homemaker
- Student
- Retired
- Person has disability

10. (Continued)

- Not in Labor Force
- Resident/Inmate
- Not in Labor Force
- Unemployed -Not Seeking

11. Occupation

- None
- Professional/Managerial
- Sales
- Crafts/Operatives
- Laborers, Not Farm
- Farm Owners/Laborers
- Service/Household

12. Primary Income Source

- None
- Wages/Salary
- Family/Friends
- Public Assistance
- Retirement/Pension
- Disability
- Other
- SSI/SSDI Never
- SSI/SSDI Previous
- SSI/SSDI Current
- SSI/SSDI Current and Previous

13. Client’s Monthly Gross: _____

14. # of Months Employed Since Admission to TX: _____

15. # of Missed Work/School Days Since Admission to TX Due to SA Related Problems: _____

16. # of Days Attended AA/NA/Similar Meetings in Last 30 Days: _____

17. Times Hospitalized Since Admission to TX Due to SA Related Problems: _____

18. County of Residence: _____

19. Education:

20. Veteran Status

- None
- Armed Forces/On Active Duty; Combat History
- Armed Forces/On Active Duty; No Combat History

20. (Continued)

- Military Dependent
- National Guard/Combat History
- National Guard/Active Duty/Combat History
- National Guard/Active Duty/No Combat History
- National Guard/No Combat History
- Retired from Military/No Combat History
- Retired from Military/Combat History
- Served in Armed Forces/No Combat History
- Served in Armed Forces/Combat History
- Unknown

21. # of Children Under 17 Living or not Living With Client

-

22. If #21 is positive number, # of Children Spent Last 6 Months Living With Client

-

23. If #21 is positive number, Are children living with someone else because of Protection Order?

- Yes
- No

24. Substances Used

Primary:

- N/A
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescribed Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Meds
- Steroids
- Ecstasy
- Other
- Oxycontin
- Other Prescribed Analgesics

Primary Frequency of Use:

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

Primary Method:

- Oral
- Smoking
- Inhalation
- IV Injection
- Non-IV Injection
- Nasal
- Other
- N/A

Secondary:

- N/A
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescribed Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Meds
- Steroids
- Ecstasy
- Other
- Oxycontin
- Other Prescribed Analgesics

Secondary Frequency of Use

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

Secondary Method:

- Oral
- Smoking
- Inhalation
- IV Injection
- Non-IV Injection
- Nasal
- Other
- N/A

Tertiary:

- N/A
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescribed Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Meds
- Steroids
- Ecstasy
- Other
- Oxycontin
- Other Prescribed Analgesics

Tertiary Frequency of Use:

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week

Tertiary Frequency of Use (Continued)

- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

Tertiary Method:

- Oral
- Smoking
- Inhalation
- IV Injection
- Non-IV Injection
- Nasal
- Other
- N/A

25. Was the Substance prescribed to the client?

- Primary: Yes
 No
 N/A
- Secondary: Yes
 No
 N/A
- Tertiary: Yes
 No
 N/A

26. Was Methadone Maintenance Part of TX

- Yes
- No

26. Does Client Currently Use Tobacco

- No Tobacco Use
- Cigarettes
- Cigars or Pipes
- Smokeless Tobacco
- Combo/more than 1

27. If yes to cigarettes,

- <2 packs
- > 2 packs
- ½ to < 1 pack

28. Other addictions

- None
- Compulsive Disorder
- Eating Disorder
- Gambling
- Other

29. Was Concerned Person Involved

- Yes No

30. Did IDPH Pay For Any Portion of Tx? Yes No

31. Did Medicaid Pay For Any Portion of Tx? Yes No

32. As a Result of Evaluation, Was Psychiatric Problem Determined? Yes No

33. In client's opinion, how beneficial was our counseling?

- Overall:
- Beneficial
 - Do Not Know
 - Not Beneficial
 - Very Beneficial
- Individual:
- Beneficial
 - Did Not Receive

xx. Individual (Continued)

- Do Not Know
 - Not Beneficial
 - Very Beneficial
- Family:
- Beneficial
 - Did Not Receive
 - Do Not Know
 - Not Beneficial
 - Very Beneficial
- Group:
- Beneficial
 - Did Not Receive
 - Do Not Know
 - Not Beneficial
 - Very Beneficial
- Educational:
- Beneficial
 - Did Not Receive
 - Do Not Know
 - Not Beneficial
 - Very Beneficial