

Client First Name: _____

Client Last Name: _____

If Female, Maiden Name: _____

Social Security: _____

Date of Birth: _____

Gender: Male Female

Client Identifier: _____

Provider Identifier: _____

Discharge Date: _____

Last Contact Date: _____

1	Reason for Discharge:	✓
	01-Treatment completed	
	02-Left against clinical advice (lost contact)	
	03-Non-compliance with agency rules	
	04-Transferred to another agency	
	05-Terminated by facility	
	06-Incarcerated	
	07-Death (if yes, was the death a suicide?)	
	08-Chose to decline additional treatment	
	09-Client seen for assessment only	
	10-Client moved	
11-Administrative Discharge		
2	Type of service at discharge:	✓
	01-Self Help: Gamblers Anonymous, Gam-Anon, AA, Alanon, CA, NA, Debtors Anonymous	
	02-Other Self-Help Group List:	
	03-Mental Health - Psychiatric / Medication	
	04-Mental Health - Psychological Testing	
	05-Other Mental Health Treatment, list type:	
	06-Substance Abuse Treatment, list type:	
	07-Family/Couple Therapy	
	08-Legal Services/Assistance	
	09-Financial/Credit Counseling	
	10-Vocational/School Counseling	
	11-Spiritual Counseling	
	12-Medical	
13-Other - List:		
3	Other Type of Service at Discharge:	

4	Living Arrangements at Discharge:	✓
	01-Private Residence	
	02-Residential Facility (Substance Abuse)	
	03-MH, Corrections, Healthcare	
	04-Transient/Homeless	
5	Employment Status at Discharge:	✓
	01-Employed Full-Time	
	02-Employed Part-Time	
	03-Unemployed	
	04-Not in Labor Force	