Print Form

DELAWARE DIVISION OF SUBSTANCE ABUSE
AND MENTAL HEALTH
CONSUMER REPORTING FORM

DISCHARGE REPORT

M ODALITY (SELECT ONLY ONE)

[ ] **MH** MENTAL HEALTH
[ ] **AD** ALCOHOL /DRUG
[ ] **DU** CO - OCCURRING (MH & AD)
[ ] **GA** GAMBLING

LAST NAME _____

FIRST NAME _____ M.I. ____

STREET *(Optional)* _____

CITY _____ STATE _____

ZIP _____ - _____ COUNTY ____

HOME TELEPHONE *(Optional)* (___) ___ - ____

TREATMENT UNIT NAME _____

TREATMENT UNIT ID # _____ - ____

DSAMH ADMISSION DATE
__ / __ / __

MCI # 0 0 0 _____

MARITAL STATUS

[ ] **M** MARRIED
[ ] **S** SINGLE
[ ] **D** DIVORCED
[ ] **X** SEPARATED
[ ] **W** WIDOWED
[ ] **U** UNKNOWN

RESIDENTIAL ARRANGEMENT

[ ] **PU** PRIVATE RESIDENCE - UNSUPERVISED
[ ] **PS** PRIVATE RESIDENCE - SUPERVISED
[ ] **FC** ADULT FOSTER CARE
[ ] **BH** BOARDING HOUSE
[ ] **GU** GROUP SETTING/ UNSUPERVISED
[ ] **GS** GROUP SETTING/ SUPERVISED
[ ] **NH** NURSING HOME/ ICF/SNF
[ ] **CJ** CORRECTIONS FACILITY/JAIL
[ ] **I** OTHER INSTITUTION
[ ] **O** OTHER
[ ] **N** NONE/HOMELESS
[ ] **U** UNKNOWN

PRIMARY HEALTH INSURANCE

[ ] **M** MEDICARE
[ ] **A** MEDICAID
[ ] **E** MEDICAID MCO
[ ] **C** CHAMPUS
[ ] **B** BLUE CROSS/ BLUE SHIELD
[ ] **V** VA
[ ] **H** HMO
[ ] **G** OTHER GOVERNMENT FUNDS FOR CARE
[ ] **P** OTHER PRIVATE COMMERCIAL
[ ] **O** OTHER
[ ] **N** NONE
[ ] **U** UNKNOWN

EDUCATION
WRITE IN HIGHEST GRADE COMPLETED

__

01-12 ELEMENTARY/ HIGH SCHOOL

13-16 COLLEGE/ POST SECONDARY

17 MASTERS

18 PHD/MD

19 POST DOCTORAL

96 NEVER COMPLETED ANY GRADE HIGHER THAN PRE-SCHOOL OR KINDERGARTEN

97 UNKNOWN

VETERAN STATUS

[ ] **VP** VETERAN/PREVIOUS MILITARY SERVICE (See Instructions)
[ ] **AD** ACTIVE DUTY
[ ] **FM** IMMEDIATE FAMILY MEMBER of MILITARY or VETERAN (See Instructions)
[ ] **NA** NONE OF THE ABOVE
[ ] **U** UNKNOWN

HOMELESS AT ANY TIME DURING PAST 30 DAYS?

[ ] **Y** YES
[ ] **N** NO
[ ] **U** UNKNOWN

PRIMARY EMPLOYMENT (DURING PAST 30 DAYS)

[ ] **F** FULL TIME
[ ] **P** PART TIME
[ ] **M** MILITARY ARMED FORCES
[ ] **L** UNEMPLOYED - LOOKING FOR WORK
[ ] **N** UNEMPLOYED - NOT LOOKING
[ ] **D** DISABLED/UNABLE TO WORK
[ ] **H** HOMEMAKER
[ ] **S** STUDENT
[ ] **R** RETIRED
[ ] **I** INMATE/RESIDENT OF INSTITUTION
[ ] **V** VOLUNTEER
[ ] **O** OTHER
[ ] **U** UNKNOWN

CURRENT LEGAL INVOLVEMENT

[ ] **CP** CHARGES PENDING
[ ] **SP** CONVICTED - SENTENCE PENDING
[ ] **UP** SENTENCED - UNSUPERVISED PROBATION (SENTAC I)
[ ] **FS** SENTENCED - FIELD SUPERVISION (SENTAC II)
[ ] **IS** SENTENCED - INTENSE SUPERVISION (SENTAC III)
[ ] **QI** SENTENCED - QUASI-INCARCERATION (SENTAC IV)
[ ] **CJ** SENTENCED - PRISON/CORRECTIONS/JAIL (SENTAC V)
[ ] **HX** HISTORY OF LEGAL INVOLVEMENT BUT NOT CURRENT
[ ] **N** NO CURRENT INVOLVEMENT OR HISTORY
[ ] **U** UNKNOWN

NUMBER OF ARRESTS 30 DAYS PRIOR TO DISCHARGE

__

CONSUMER'S PRIMARY SOURCE OF INCOME

[ ] **S** SOCIAL SECURITY
[ ] **SI** SSI
[ ] **SD** SSDI
[ ] **VD** VA - DISABILITY
[ ] **VR** VA - RETIREMENT
[ ] **UI** UNEMPLOYMENT INSURANCE
[ ] **IL** ILLEGAL
[ ] **E** EMPLOYMENT
[ ] **S** SPOUSE
[ ] **F** FAMILY/FRIENDS
[ ] **A** TANF
[ ] **G** GENERAL ASSISTANCE
[ ] **P** PENSION/RETIREMENT (IRA, KEOGH, SEP)
[ ] **W** WORKERS' COMPENSATION
[ ] **D** PRIVATE DISABILITY INSURANCE
[ ] **I** INVESTMENTS/SAVINGS
[ ] **O** OTHER
[ ] **N** NONE
[ ] **U** UNKNOWN

CONSUMER'S GROSS INCOME PER YEAR

$ _____ , ____

NUMBER DEPENDENT ON CONSUMER'S INCOME

WRITE IN NUMBER (01 - 20)

__ 97 UNKNOWN

SUBSTANCE ABUSE
DESIGNATED CODES ONLY DSM IV DIAGNOSIS

AXIS 1: CLINICAL DISORDERS

CODE ____ . __
CODE ____ . __
CODE ____ . __

SEE DSM IV MANUAL

DATE OF LAST SERVICE

/ /

DISCHARGE DATE

/ /

DSAMH CONSUMER REPORTING FORM
DISCHARGE REPORT

TREATMENT UNIT ID # -

MCI # 0 0 0

CURRENTLY PREGNANT

[ ] **Y** YES
[ ] **N** NO
[ ] **U** UNKNOWN

INJECTION DRUG USE EVER

[ ] **Y** YES
[ ] **N** NO
[ ] **U** UNKNOWN

ALERT INFORMATION
MARK ALL THAT APPLY

[ ] TB ACTIVE
[ ] TB HISTORY
[ ] HISTORY OF SUBSTANCE ABUSE
[ ] PREVIOUS TREATMENT FOR ALCOHOL AND/OR DRUGS
[ ] HISTORY OF MENTAL ILLNESS
[ ] PREVIOUS TREATMENT FOR MENTAL ILLNESS
[ ] PSYCHIATRIC DISABILITY
[ ] HISTORY OF PATHOLOGICAL GAMBLING
[ ] NONE

DISCHARGE REASON

[ ] **G** PROGRAM COMPLETED HERE - ALL GOALS
[ ] **S** PROGRAM COMPLETED HERE - SOME GOALS
[ ] **E** ELIGIBILITY LAPSED
[ ] **D** CONSUMER DIED
[ ] **F** FAILED TO MEET CRITERIA
[ ] **A** ADMIN. DISCONTINUATION/ LOST CONTACT
[ ] **C** CORRECTION/JAIL
[ ] **R** REFUSED SERVICE
[ ] **T** TX CONT. OTHER PROGRAM
[ ] **O** OTHER
[ ] **U** UNKNOWN

ALCOHOL & DRUG USE MATRIX	PRIMARY	SECONDARY	TERTIARY
SUBSTANCE TYPE			
FREQUENCY OF USE			
ROUTE OF ADMINISTRATION			
AGE OF FIRST USE			

FREQUENCY OF USE

N NO USE IN PAST MONTH
I INFREQUENT (1-3 TIMES PAST MONTH)
O OFTEN (1-2 TIMES PER WEEK)
F FREQUENTLY (3-6 TIMES PER WEEK)
D DAILY
M MORE THAN TWICE DAILY
U UNKNOWN

SUBSTANCE TYPE CODES TO USE IN BOX ABOVE

AL ALCOHOL
CO COCAINE
CR CRACK
ME METHAMPHETAMINE
AM OTHER AMPHETAMINES
OS OTHER STIMULANTS
HE HEROIN
OP OTHER OPIATES & SYNTHETICS
MD NON-PRESCRIPTION METHADONE
BA BARBITURATES
SE OTHER SEDATIVES OR HYPNOTICS
BE BENZODIAZEPINE S
TR MAJOR TRANQUILIZERS
CS COUGH SYRUPS AND MIXTURES
MA MARIJUANA/HASHISH
PC PCP
LS LSD
HA OTHER HALLUCINOGENS
IN INHALANTS
ST STEROIDS
OC OVER-THE-COUNTER DRUGS
O OTHER
N NONE
U UNKNOWN

ROUTE OF ADMINISTRATION

M BY MOUTH (SWALLOW)
S SMOKE
B BREATHE/INHALE/SNORT
V INTRAVENOUS
I OTHER INJECTION
O OTHER
N NONE
U UNKNOWN

DRUG USE REDUCED

[ ] **Y** YES
[ ] **N** NO
[ ] **U** UNKNOWN
[ ] **X** NOT APPLICABLE

PRIMARY DESTIN./AGENCY CODE

[ ] **T** TRANSFERRED
[ ] **R** REFERRED
[ ] **A** ADVISED FURTHER SERVICE
[ ] **N** NO MORE SERVICES ADVISED
[ ] **U** UNKNOWN

SECOND. DESTIN./AGENCY CODE

[ ] **T** TRANSFERRED
[ ] **R** REFERRED
[ ] **A** ADVISED FURTHER SERVICE
[ ] **N** NO MORE SERVICES ADVISED
[ ] **U** UNKNOWN

TERTIARY DESTIN./AGENCY CODE

[ ] **T** TRANSFERRED
[ ] **R** REFERRED
[ ] **A** ADVISED FURTHER SERVICE
[ ] **N** NO MORE SERVICES ADVISED
[ ] **U** UNKNOWN

SOCIAL SUPPORT/CONNECTEDNESS
(SUPPORT GROUPS - NA, AA, ETC.)

[ ] **Y** YES
[ ] **N** NO
[ ] **U** UNKNOWN

FREQUENCY OF ATTENDANCE AT SELF HELP PROGRAMS 30 DAYS PRIOR TO DISCHARGE

PRIMARY THERAPIST

ID

PERSON COMPLETING FORM

ID

DATE OF COMPLETION / /