



DELAWARE DIVISION OF SUBSTANCE ABUSE
AND MENTAL HEALTH

CONSUMER REPORTING FORM
DETOX DISCHARGE REPORT

PAGE 1 OF 1

ADMISSION DATE					
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DATE OF FIRST TREATMENT					
		/		/	

DATE OF LAST TREATMENT					
		/		/	

DATE					
		/		/	

TREATMENT UNIT NAME _____

TREATMENT UNIT ID # _____

LAST NAME _____

MCI # 0 0 0 _____

FIRST NAME _____ M.I. _____

SUBSTANCE ABUSE -
DSM IV DIAGNOSIS (DESIGNATED CODES ONLY)
AXIS 1: CLINICAL DISORDERS

CODE

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CODE

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CODE

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SEE DSM IV MANUAL

USE THESE CODES IN THE AXIS 1 BOXES ABOVE
AD / SA Diagnostic Codes

DSM IV, Axis I Clinical Codes

	INTOXICATION	WITHDRAWAL	ABUSE	DEPENDENCE
ALCOHOL	303.00	291.81	305.00	303.90
AMPHETAMINE	292.89	292.0	305.70	304.40
CANNABIS	292.89	--	305.20	304.30
COCAINE	292.89	292.0	305.60	304.20
HALLUCINOGEN	292.89	--	305.30	304.50
INHALANT	292.89	--	305.90	304.60
OPIOID	292.89	292.0	305.50	304.00
PHENCYCLIDINE	292.89	--	305.90	304.90
SEDATIVE, HYPNOTIC & ANXIOLYTIC	292.89	292.0	305.40	304.10
POLYSUBSTANCE	--	292.0	--	304.80
OTHER (UNKNOWN)	292.89	292.0	305.90	304.90

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
 - DRUG USE REDUCED
 - Y** YES
 - N** NO
 - U** UNKNOWN
 - X** NOT APPLICABLE

PRIMARY DESTIN./AGENCY CODE

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

SECOND. DESTIN./AGENCY CODE

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

TERTIARY DESTIN./AGENCY CODE

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

PERSON COMPLETING FORM _____ ID _____

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DATE OF COMPLETION

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