DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
CONSUMER REPORTING FORM
DETOX DISCHARGE REPORT

ADMISSION DATE

DATE OF FIRST TREATMENT

DATE OF LAST TREATMENT

DATE

TREATMENT UNIT NAME

LAST NAME

FIRST NAME M.I.

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

CODE

CODE

CODE

SEE DSM IV MANUAL

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

DSM IV, Axis I Clinical Codes

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<tr>
<th>INTOXICATION</th>
<th>WITHDRAWAL</th>
<th>ABUSE</th>
<th>DEPENDENCE</th>
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<tr>
<td>ALCOHOL</td>
<td>303.00</td>
<td>291.81</td>
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<tr>
<td>AMPHETAMINE</td>
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<td>292.0</td>
<td>305.70</td>
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<tr>
<td>CANNABIS</td>
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<td>305.20</td>
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<tr>
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<td>POLYSUBSTANCE</td>
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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

SECOND. DESTIN./AGENCY CODE

TERTIARY DESTIN./AGENCY CODE

PERSON COMPLETING FORM

ID

DATE OF COMPLETION

DOCUMENT NO. 35-06-10-1-10-2011