**CONSUMER REPORTING FORM**
**DISCHARGE REPORT**

**LAST NAME**

**FIRST NAME**

**STREET** (Optional)

**CITY**

**ZIP**

**HOME TELEPHONE** (Optional)

**EDUCATION**

**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 PRESCHOOL 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**

**PRIMARY EMPLOYMENT (DURING PAST 30 DAYS)**

**F FULL TIME**

**P PART TIME**

**E SHELTERED NON-COMPET (MH ONLY)**

**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)**

**CI SENTENCED - PRISON/CORRECTIONS/JAIL (SENTAC V)**

**HX HISTORY OF LEGAL INVOLVEMENT BUT NOT CURRENT**

**N NO CURRENT INVOLVEMENT OR HISTORY**

**U UNKNOWN**

**HOMELESS AT ANY TIME DURING PAST 30 DAYS?**

**Y YES**

**N NO**

**U UNKNOWN**

**NUMBER OF ARRESTS 30 DAYS PRIOR TO DISCHARGE**

**1**

**NUMBER OF CUSTODIAL DEPENDENT CHILDREN <=26**

**S**

**5**

**NUMBER DEPENDENT ON CONSUMER'S INCOME**

**97 UNKNOWN**
### DSAMH CONSUMER REPORTING FORM - DISCHARGE REPORT

#### DATE OF LAST SERVICE

[ ] / [ ] / [ ]

#### DISCHARGE DATE

[ ] / [ ] / [ ]

#### MCI #

0 0 0

#### CURRENTLY PREGNANT

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

#### INJECTION DRUG USE EVER

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

#### ALCOHOL & DRUG USE MATRIX

### PRIMARY

**SUBSTANCE TYPE**

- AL ALCOHOL
- CO COCAINE
- CR CRACK
- ME METHAMPHETAMINE
- AM OTHER AMPHETAMINES
- OS OTHER STIMULANTS
- HE HEROIN
- OP OTHER OPIATES & SYNTHETICS

**FREQUENCY OF USE**

- UNKNOWN

**ROUTE OF ADMINISTRATION**

- INHABILANTS
- BY MOUTH (SWALLOW)
- SNORT
- SMOKING
- BY INHALATION
- OTHER

**AGE OF FIRST USE**

- UNKNOWN

#### ALCOHOL, DRUG USE, & HISTORY OF GAMBLING DISORDER

**S - SELF REPORT; C - CLINICIAN REPORT**

**MARK ALL THAT APPLY**

- [ ] NO GAMBLING DISORDER REPORTED
- [ ] GAMBLING DISORDER HISTORY
- [ ] UNKNOWN GAMBLING HISTORY

**DRUG USE REDUCED**

- [ ] NONE
- [ ] OTHER

**ROUTE OF ADMINISTRATION**

- BY MOUTH (SWALLOW)
- SMOKE
- BREATHE/INHALE/SNORT
- INTRAVENOUS
- OTHER

**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**

#### ALERT - HISTORY OF GAMBLING DISORDER

**SELECT ALL THAT APPLY**

- [ ] NO GAMBLING DISORDER REPORTED
- [ ] GAMBLING DISORDER HISTORY
- [ ] UNKNOWN GAMBLING HISTORY

#### SUBSTANCE ABUSE DRUG CODES

(Select all that apply)

- CODEINE
- PROPOXYPHENE (DARVON)
- OXYCODONE (OXYCONTIN)
- MEPHEDRINE (DEMEROL)
- HYDROMORPHONE (DILAUDID)
- BUPRENORPHINE (SUBUTEX, SUBOXONE)

**EXPECTED SOURCE OF PAYMENT**

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<thead>
<tr>
<th>PRIMARY</th>
<th>SECONDARY</th>
<th>TERTIARY</th>
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<tr>
<td>[ ] D DSAMH</td>
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<td>[ ] M MEDICARE</td>
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<td>[ ] A MEDICAID</td>
<td>[ ] T INDIVIDUAL/FAMILY</td>
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<td>[ ] P PRIVATE INSURANCE</td>
<td>[ ] V VETERANS ADMINISTRATION</td>
<td>[ ] O OTHER</td>
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#### PERSON COMPLETING FORM

[ ] ID

#### DATE OF COMPLETION

[ ] / [ ] / [ ]

#### ALERT INFORMATION

**S - SELF REPORT; C - CLINICIAN REPORT**

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

#### 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

#### DRUG USE REDUCED

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

#### 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