

**SMART DISCHARGE**

*Client's Name:* \_\_\_\_\_ *Client ID:* \_\_\_\_\_

**DATE OF DISCHARGE:** \_\_\_\_\_

**Reason for Discharge**

- Completed Treatment Plan
- Completed Treatment Plan/Referred
- Incomplete Client Left Before Completing Treatment
- Incomplete Non-Compliance-Program Rules
- Incomplete Treatment/Death
- Incomplete Treatment/Health Problems
- Incomplete Treatment/Incarcerated
- Incomplete Treatment Referred

**Discharge Referral**

- Level 0.5 Early Intervention
- Level I Outpatient
- Level I-OMT Opioid Maintenance Therapy
- Level II.I Intensive Outpatient
- Level II.5 Partial Hospitalization
- Level III.3 Clinically Managed Medium Intensity Residential Treatment
- Level III.I Clinically Managed Low Intensity Residential Treatment
- Level III.5 Clinically Managed High Intensity Residential Treatment
- Level III.7 Medically Monitored Intensive Inpatient Treatment
- Level IV Medically Managed Intensive Inpatient Services
- No Treatment Referral
- OMT.D Opioid Maintenance Therapy Detox

**Number of Arrests During Treatment:** \_\_\_\_\_

**Number of Arrests During Last 30 Days:** \_\_\_\_\_

*Is Client Currently Pregnant?*       No       Yes

**Living Arrangement**

- Child/Adol. Foster Care
- Dependent Living
- Group Home
- Halfway House
- Hospital, Nursing Home
- Independent Living
- Jail/Prison
- Private Residence
- Residential SA Trt.
- Shelter
- Sober Living Facility
- Street/Outdoors

**Employment Status:**

- Disabled
- Employment Full Time (35 hours or more)
- Employed Part Time (less than 35 hours)
- Homemaker Full Time
- In Skill Development, Training or School
- Incarcerated
- Other, Out of Work Force
- Retired/Permanently of Work
- Unemployed Full Time Student
- Unemployed, not seeking work
- Unemployed, seeking work

**Primary Income Source**

- Disability
- Other
- Public Assistance/TCA
- Retirement/Pension
- Self-Employment
- Unemployment Compensation
- Unknown
- Wages/Salary

# of Days Attended AA/NA/Similar  
Meetings in Last 30 Days \_\_\_\_\_

**Education Status \_\_\_\_\_**

- For grades 1-12 enter the number  
13 Some College  
14 Earned College AA/Associates  
15 Earned BA/BS  
16 Some Post College/Graduate School

**Veterans Status**

- Never in Military
- On Active Duty
- Veteran
- Veteran – In Combat 0-6 months ago
- Veteran – In Combat 6-12 months ago
- Veteran – In Combat more than 12 months ago.

**Explanation for Veterans Status.**

When asking about a client's veterans status please select from the list documented here on the form only.

*Please see attachment to complete Substance Matrix*

**Substance Matrix Chart to be Used to Indicate Substance Use at Admission and at Discharge**

Substance	1=Substance most used or abused	2=Substance two	3=Substance three			
Severity	0=Not a problem (discharge only)	1=Mild Problem	2=Moderate Problem	3=Severe Problem		
Frequency	0=No use past month	1=1-3 times past month	2=1-2 times past week	3=3-6 times per week	4=Once Daily	
	5=2-3 times daily	6=More than 3 times daily				
Route	1= Oral	2=Smoking	3=Inhalation	4=Injection	5=Other	
Rating	Substance	Severity	Freq.	Route	Age/Use	
	Alcohol					
	Amphetamines - Amphetamine					
	Amphetamines - Methamphetamine (Speed)					
	Amphetamines - Methylenedioxymethamphetamine (MDMA, Ecstasy)					
	Amphetamines - Other					
	Barbiturates - Phenobarbital (Solfoton)					
	Barbiturates - Secobarbital (Seconal)					
	Barbiturates - Secobarbital/Amobarbital (Tuinal)					
	Barbiturates - Other					
	Benzodiazepines - Alprazolam (Xanax)					
	Benzodiazepines - Chlordiazepoxide (Librium)					
	Benzodiazepines - Clonazepam (Klonopin, Rivotril)					
	Benzodiazepines - Clorazepate (Tranxene)					
	Benzodiazepines - Diazepam (Valium)					
	Benzodiazepines - Flunitrazepam (Rohypnol)					
	Benzodiazepines - Flurazepam (Dalmane)					
	Benzodiazepines - Lorazepam (Ativan)					
	Benzodiazepines - Triazolam (Halcion)					
	Benzodiazepines - Other					
	Cocaine - Crack					
	Cocaine - Other					
	Diphenylhydantoin/Phenytoin (Dilantin)					
	GHB/GBL (Gamma-Hydroxybutyrate, Gamma-Butyrolactone)					
	Hallucinogens - LSD					
	Hallucinogens - Other					
	Inhalants - Aerosols					
	Inhalants - Nitrites					
	Inhalants - Solvents					
	Inhalants - Other					
	Ketamine (Special K)					
	Marijuana/Hashish					
	Meprobamate (Miltown)					
	Opiates/Synthetics - Codeine					
	Opiates/Synthetics - Heroin					
	Opiates/Synthetics - Hydrcodone (Vicodin)					
	Opiates/Synthetics - Hydromorphone (Dilaudid)					
	Opiates/Synthetics - Meperidine (Demoral)					
	Opiates/Synthetics - Non-Prescription Methadone					
	Opiates/Synthetics - Oxycodone (OxyContin, Percocet, Percodan)					
	Opiates/Synthetics - Pentazocine (Talwin)					
	Opiates/Synthetics - Propoxyphene					
	Opiates/Synthetics - Tramadol (Ultram)					
	Opiates/Synthetics - Other					
	Over The Counter - Diphenhydramine (Benadryl)					
	Over The Counter - Other					
	PCP or PCP Combination					
	Sedatives - Ethchlorvynol (Placidyl)					
	Sedatives - Glutethimide (Doriden)					
	Sedatives - Methaqualone (Quaaludes)					
	Sedatives - Other					
	Stimulants - Methylphenidate (Ritalin)					
	Stimulants - Other					
	Tranquilizers					
	Other Drug					

Was Mental Health Services Received?  Yes  No

**DISCHARGE SPECIAL FUNDING/SPECIAL PROJECTS Special Funding**

House Bill 1160 (HB 1160) Temporary Cash Assistance (TCA)
Senate Bill 512/495/Prenatal (SB 512/495)
Senate Bill 512/Post Partum (SB 512)

**Primary Payment Source**

- ADAA (State Funding)
- DHMH Managed Care/Health Choice
- Medicaid Other than Health Choice
- Medicare
- Non-Managed Private Insurance
- Other
- Other Public Funds
- Out of Pocket Payment
- Private Managed Care

**Additional Payment Source**

*(Choose a Maximum of 2)*

- ADAA (State Funding)
- DHMH Managed Care/Health Choice
- Medicaid Other than Health Choice
- Medicare
- Non-Managed Private Insurance
- Other
- Other Public Funds
- Out of Pocket Payment
- Private Managed Care/HMO

**Available Ancillary Services (Choose Maximum of 3)**

- Other Ancillary Referrals
- To Community Mental Health Services
- To Detox Services
- To General Hospital
- To Self Help Programs (AA, NA)

**Current Educational Activities**

K=-12  No  Yes Vocational Training:  No  Yes  
GED Program:  No  Yes Higher Education  No  Yes

Number of Individual Counseling Sessions: \_\_\_\_\_

Number of Group Sessions: \_\_\_\_\_

Number of Family Sessions: \_\_\_\_\_

Number of Urinalysis Tests: \_\_\_\_\_

Number of Positive Urinalysis Tests: \_\_\_\_\_