

Client Name: _____
 (Last) (First) (Maiden)

**MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES - ALCOHOL & DRUG INFORMATION SYSTEM
 CLIENT DISCHARGE FORM**

1. Program Number

2. Client ID ...

3. Admission Date
 mo day year

4. Type of Care (Use Type of Care Code Table)

5. Facility

6. Client Status at Admission
 1. Admission 2. Transfer in Service 3. Substance Abuser

7. Discharge Date
 mo day year

8. Program Referred to (Use Program Table) ..

9. Agency Referred to (Use Referral Code Table) ...

10. Reason for Discharge

- 1. Treatment Plan Completed
- 2. Client Left Voluntarily Before Treatment Plan Completed
- 3. Client is Inaccessible (moved, died, in prison, etc.)
- 4. Client Transferred to Another Care Modality
- 5. Client Left at Request of Staff
- 6. Client Referred to Another Program

Items 11-15: SERVICES PROVIDED In the spaces below, enter the total number of units for each type of service that has been provided to the client in this level of care.

Type of Care	Individual Units *	Group Units *	Treatment Days
11. Outpatient	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Intensive Outpatient	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Inpatient	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Day Treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Halfway House	<input type="text"/>	<input type="text"/>	<input type="text"/>

* "Unit" of service = 1 hour

16. Is the client adversely affected by his/her gambling?

Check for YES

17. Coded Remarks ..