Montana Department of Public Health & Human Services
SUBSTANCE ABUSE MANAGEMENT SYSTEM

CLIENT DISCHARGE FORM

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Name:						Account #:				
Program #						Facility				

Discharge

5.	Discharge Date *(mmddyyyy)*									

6. Referring to Program

7. Referring to Agency (Write Description)

8. Discharge Reason (*check one*)

☐ *Treatment Plan Completed*
☐ *Client Left Voluntarily Before Treatment Plan Completed*
☐ *Client is Inaccessible (moved, died, in prison, etc.)*
☐ *Client Left at Request of Staff*
☐ *Client Referred to Another Program (Referring to Program is Required)*

9. Number of Arrests in the last 30 days

10. Employment Status at Discharge *(check one)*

☐ *Employed Full Time*   ☐ *Employed Part Time*   ☐ *Pub. Asst. Depleted*
☐ *Unemployed*   ☐ *Not in Labor Force*

11. Detailed Not In Labor Force *(check one)*

☐ *Homemaker*   ☐ *Student*   ☐ *Retired*
☐ *Disabled*   ☐ *Inmate*   ☐ *Other*

12. Living Arrangements *(check one)*

☐ *Homeless*   ☐ *Dependent Living*   ☐ *Independent*

13a. Has the client participated in a self-help group, support group (e.g., AA, NA, etc.) in the last 30 days?   ☐ *Yes*   ☐ *No*

13b. Attendance in the last 30 days?   ☐ None   ☐ 1-3 times in past month   ☐ 4-7 times in past month
☐ 8-15 times in past month   ☐ 16-30 times in past month   ☐ Some

Comments:

Finalize Discharge

A Finalized Discharge Data Set Must Have A Drug Matrix and Discharge Assessment.

Completed Discharge Drug Matrix Attached	☐ Yes	☐ No
Completed Discharge Assessment Attached	☐ Yes	☐ No