

DISCHARGE REPORT

(TCU METHADONE OUTPATIENT FORMS)

[FORM 240; CARD 01]

SITE #: __	CLIENT ID#: __ __ __ __	TODAY'S DATE: __ __ __ __ __ __
[6]	[7-10]	MO DAY YR [11-16]
COUNSELOR ID#: __ __	ADMISSION DATE: __ __ __ __ __ __	
[17-18]	MO DAY YR [19-24]	

A. REASON FOR DISCHARGE: |__| |__| [25-26]
CODE #

01. SUCCESSFULLY COMPLETED treatment
 (i.e., in counselor's judgment, client no longer needs drug abuse treatment)
02. TRANSFERRED to another treatment component of this agency
03. TRANSFERRED to another drug abuse treatment agency at client's request.
04. TRANSFERRED to another agency because client's non-drug abuse needs
 (i.e., mental health or physical health issue)
05. DECEASED (Cause) _____
 (Source of information) _____
06. HOSPITALIZED
07. INCARCERATED due to STATUS REVOCATION
08. INCARCERATED due to CHARGE PRIOR to entering treatment
09. INCARCERATED due to CHARGE SINCE entering treatment
10. DISCHARGED due to NON-COMPLIANCE with agency rules
11. DISCHARGED due to NON-COMPLIANCE with DATAR requirements
12. QUIT (Reason) _____

13. Other (Specify) _____

B. Date of last counseling session attended before discharge? |__| |__| |19| |__| |__| [27-32]
MO DAY YR

C. Date of last methadone dosage? |__| |__| |19| |__| |__| [33-38]
MO DAY YR

D. Date of official discharge? |__| |__| |19| |__| |__| [39-44]
MO DAY YR

E. Completed 1 year of DATAR treatment? 0=No 1=Yes [45]