Thurston-Mason BH-ASO

Withdrawal Management Discharge Form

Securely Email to: iprequest@tmbho.org

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| **Agency Name:** |
| **Client DISCHARGE FORM** |
| **Client Name (First, Middle, Last):** | **Date of Birth:**       |
| **Admission Date:** *(MM/DD/YYYY)*      | **Discharge Date: (MM/DD/YYYY)** | **Time of Discharge:**      [ ]  AM*(Hour : Minutes)*[ ]  PM |
| **Type of Discharge:** *(select only one)*[ ]  (A) Treatment Completed [ ]  (E) Incarcerated [ ]  (I) Unknown[ ]  (B) Left against advice, including dropout [ ]  (F) Death by Suicide [ ]  (C) Terminated by Facility [ ]  (G) Death NOT by Suicide [ ]  (D) Transferred to another SUD or MH program [ ]  (H) Other |
| **UPDATED SUBSTANCE USE – MAINTAIN ADMIT PRIMARY, SECONDARY, & TERIARY** |
|  | **Substance (Code)** | **Method (Code)** | **Date Last Used** | **Use Amount** | **Frequency of Use (Code) Last 30 Days** |
| **Primary (1)** |       |       |       |       |       |
| **Secondary (2)** |       |       |       |       |       |
| **Tertiary (3)** |       |       |       |       |       |
| **ASAM Level at Discharge:**      |
| **Comments:** *(Appointment date, time, & location for next ASAM level of care or assessment & mental health services, if applicable, is required )*      |

Completed By       Date