Thurston-Mason BH-ASO

Withdrawal Management Discharge Form

Securely Email to: [iprequest@tmbho.org](mailto: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