

Name: _____ Client ID: _____

Discharge & Follow up Info

Date of Discharge: ____/____/____

Provider Name: _____

Closing Reason:

Provider ID: _____ Site: _____

- | | |
|--|---|
| <input type="checkbox"/> 1 Completed Service / Treatment | <input type="checkbox"/> 7 Incarcerated for Old Offense |
| <input type="checkbox"/> 2 Referred-Nonalcohol/Drug Pgm | <input type="checkbox"/> 8 Death |
| <input type="checkbox"/> 3 Terminated-Rule Violation | <input type="checkbox"/> 9 Transfer/Referral-AODA Program |
| <input type="checkbox"/> 4 Withdrew Against Staff Advice | <input type="checkbox"/> 10 Transfer to IDP Funding |
| <input type="checkbox"/> 5 Funding/Authorization Expired | <input type="checkbox"/> 11 Unable to Locate Client |
| <input type="checkbox"/> 6 Incarcerated for New Offense | |

Level of Improvement:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> 1 Major Improvement | <input type="checkbox"/> 4 Worsened |
| <input type="checkbox"/> 2 Moderate Improvement | <input type="checkbox"/> 9 Unknown |
| <input type="checkbox"/> 3 Unchanged | |

Follow-up Client Contact Information

Last Name: _____

First Name: _____ Middle Name: _____

Relationship to Client: _____ (See list below for code.)

- | | |
|------------------------------------|-------------------------------------|
| 01 Self | 18 Friend |
| 02 Spouse | 19 Guardian |
| 03 Natural Mother | 20 Employer |
| 04 Step Mother | 21 Foster Care Manager |
| 05 Foster Mother | 22 Case Manager |
| 06 Natural Father | 23 Natural Child, Client is Father |
| 07 Step Father | 24 Step Child, Client is Father |
| 08 Foster Father | 25 Foster Child, Client is Father |
| 09 Natural Child, Client is Mother | 26 Grandchild |
| 10 Step Child, Client is Mother | 27 Parent or Guard of Handicap Dep. |
| 11 Foster Child, Client is Mother | 28 Insurer of Sponsored Dependent |
| 12 Brother | 29 Grandparent when Parent under 18 |
| 13 Sister | 30 Significant Other |
| 14 Grandmother | 31 Probation and Parole |
| 15 Grandfather | 98 Other |
| 16 Aunt | 99 Unknown |
| 17 Uncle | |

Address: _____

Phone Number: _____

Type (circle): home (1) work (2) mobile (3)

City: _____ Zip: _____

Alternate Phone Number: _____

Type (circle): home (1) work (2) mobile (3)