

Client First Name: _____

Client Last Name: _____

If Female, Maiden Name: _____

Social Security: _____

Date of Birth: _____

Gender: Male Female

Client Identifier: _____

Provider Identifier: _____

Discharge Date: _____

Last Contact Date: _____

1	Reason for Discharge:	✓
	01-Treatment completed	
	02-Left against clinical advice (lost contact)	
	03-Non-compliance with agency rules	
	04-Transferred to another agency	
	05-Terminated by facility	
	06-Incarcerated	
	07-Death (if yes, was the death a suicide?)	
	08-Chose to decline additional treatment	
	09-Client seen for assessment only	
	10-Client moved	
11-Administrative Discharge		
2	Type of Service at Discharge:	✓
	01-Residential Gambling Treatment - Out of State	
	02-Continued Gambling Treatment - Outpatient	
	03-Continued Gambling Treatment - Intensive Outpatient	
	04-Case Management for PG	
	05-Self Help: Gamblers Anonymous, Gam-Anon, AA, Alanon, CA, NA, Debtors Anonymous	
	06-Other Self-Help Group List:	
	07-Mental Health - Psychiatric / Medication	
	08-Mental Health - Psychological Testing	
	09-Other Mental Health Treatment, list type:	
	10-Substance Abuse Treatment, list type:	
	11-Family/Couple Therapy	
	12-Legal Services/Assistance	
	13-Financial/Credit Counseling	
	14-Vocational/School Counseling	
	15-Spiritual Counseling	
	16-Medical	
17-Other - List:		
3	Other Type of Service at Discharge:	

4	Living Arrangements at Discharge:	✓
	01-Private Residence	
	02-Residential Facility (Substance Abuse)	
	03-MH, Corrections, Healthcare	
04-Transient/Homeless		
5	Employment Status at Discharge:	✓
	01-Employed Full-Time	
	02-Employed Part-Time	
	03-Unemployed	
04-Not in Labor Force		
6	Number of arrests in 30 days prior to discharge?	
7	During the past 30 days, about how often were you preoccupied with your urges to gamble?	✓
	01-Never	
	02-Rarely	
	03-Sometimes	
	04-Often	
	05-Always	
06-Nearly Always		
8	During the past 30 days, how much trouble (relationship, financial, legal, job, medical, emotional) has your gambling caused you?	✓
	01-Never	
	02-Rarely	
	03-Sometimes	
	04-Often	
	05-Always	
06-Nearly Always		
9	In the past 30 days, have you bet money, bought lottery ticket(s), or engaged in some other form of gambling?	Yes No
10	Self -Exclusion at Discharge	Yes No
11	Frequency of Attendance at Self Help Programs at Discharge	✓
	01-Daily	
	02-Weekly	
	03-Monthly	
04-Unknown		