

HOMELESS HEALTH CARE LOS ANGELES DISCHARGE SUMMARY

NAME _____ DOB _____ CLIENT # _____

LAST FACE-TO-FACE CONTACT _____ DISCHARGE DATE _____

REASON FOR DISCHARGE	LENGTH OF TIME IN TREATMENT
<input type="checkbox"/> NO CONTACT FOR 30 DAYS <input type="checkbox"/> REFERRED OUT (WHERE) _____ <input type="checkbox"/> MOVED OUT OF THE AREA <input type="checkbox"/> VIOLATION OF PROGRAM RULES <input type="checkbox"/> RETURNED TO WORK <input type="checkbox"/> ATTENDING SCHOOL/JTPA <input type="checkbox"/> PROGRAM COMPLETION <input type="checkbox"/> OTHER, EXPLAIN _____	<input type="checkbox"/> ONE MONTH OR LESS <input type="checkbox"/> 1-3 MONTHS <input type="checkbox"/> 3-6 MONTHS <input type="checkbox"/> 6-9 MONTHS <input type="checkbox"/> 9-12 MONTHS <input type="checkbox"/> OVER ONE YEAR DATE OF LAST DRUG USE _____

DRUG/ALCOHOL STATUS		
DRUG USE IN PAST 30 DAYS?	DRUG USE IN PAST 90 DAYS?	DRUG USE IN PAST 180 DAYS?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

HOUSING STATUS		
HOUSING AT INTAKE	HOUSING AT DISCHARGE	CHANGE?
<input type="checkbox"/> STREET <input type="checkbox"/> SHELTER <input type="checkbox"/> SOBER LIVING <input type="checkbox"/> OWN APARTMENT <input type="checkbox"/> HOTEL <input type="checkbox"/> RESIDENTIAL TX CENTER <input type="checkbox"/> FAMILY/FRIENDS <input type="checkbox"/> DETOX HOSPITAL <input type="checkbox"/> OTHER, SPECIFY _____	<input type="checkbox"/> STREET <input type="checkbox"/> SHELTER <input type="checkbox"/> SOBER LIVING <input type="checkbox"/> OWN APARTMENT <input type="checkbox"/> HOTEL <input type="checkbox"/> RESIDENTIAL TX CENTER <input type="checkbox"/> FAMILY/FRIENDS <input type="checkbox"/> DETOX HOSPITAL <input type="checkbox"/> OTHER, SPECIFY _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT/VOCATIONAL STATUS		
EMPLOYMENT AT INTAKE	EMPLOYMENT AT DISCHARGE	CHANGE?
<input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> PART TIME REG/IRREG HRS <input type="checkbox"/> FULL TIME <input type="checkbox"/> RETIRED/DISABLED <input type="checkbox"/> STUDENT FULL/PART TIME/VOC REHAB	<input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> PART TIME REG/IRREG HRS <input type="checkbox"/> FULL TIME <input type="checkbox"/> RETIRED/DISABLED <input type="checkbox"/> STUDENT FULL/PART TIME/VOC REHAB	<input type="checkbox"/> YES <input type="checkbox"/> NO

HEALTH STATUS		
NEED FOR MEDICAL TX AT INTAKE	NEED FOR MEDICAL TX AT DISCHARGE	CHANGE?
<input type="checkbox"/> NOT AT ALL <input type="checkbox"/> MODERATE <input type="checkbox"/> CONSIDERABLE <input type="checkbox"/> EXTREME	<input type="checkbox"/> NOT AT ALL <input type="checkbox"/> MODERATE <input type="checkbox"/> CONSIDERABLE <input type="checkbox"/> EXTREME	<input type="checkbox"/> YES <input type="checkbox"/> NO

HAS CLIENT BEEN ARRESTED WHILE ENROLLED? YES NO

HAS CLIENT BEEN SOBER FOR ONE YEAR? YES NO

IF CLIENT HAS BEEN A CUSTODIAL PARENT, HAS S/HE REGAINED CUSTODY OF ANY CHILDREN WHILE IN TREATMENT? YES NO NA

COUNSELOR SIGNATURE _____ DATE _____