

RECOVERY HOME DISCHARGE FORM

HOME NAME	
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CLIENT LAST NAME		CLIENT FIRST NAME	
SOCIAL SECURITY NUMBER <i>(enter numbers only no dashes)</i>		DATE OF BIRTH <i>(enter as mmddyyyy; numbers only no dashes)</i>	
ADMISSION DATE <i>(enter as mmddyyyy; numbers only no dashes)</i>		DISCHARGE DATE <i>(enter as mmddyyyy; numbers only no dashes)</i>	

DISCHARGE INFORMATION

REASON FOR DISCHARGE			
CURRENT EMPLOYMENT STATUS		<i>(Choose from drop-down menu)</i>	
LIVING ARRANGEMENTS		<i>(Choose from drop-down menu)</i>	
IN SUPPORT GROUP?		<i>(Choose from drop-down menu)</i>	
FREQUENCY OF ATTENDANCE AT SELF-HELP PROGRAMS		<i>(Choose from drop-down menu)</i>	
TIMES ARRESTED SINCE ADMISSION (OR LAST 30 DAYS, WHICHEVER IS SHORTER)			
CORRECTIONS STATUS		<i>(Choose from drop-down menu)</i>	

SUBSTANCE ABUSE PATTERN IN LAST 30 DAYS (OR SINCE ADMISSION, WHICHEVER IS SHORTER)

PRIMARY DRUG		DATE OF LAST USE	
TYPICAL FREQUENCY WHEN USING		<i>(Choose from drop-down menu)</i>	
SECONDARY DRUG		DATE OF LAST USE	
TYPICAL FREQUENCY WHEN USING		<i>(Choose from drop-down menu)</i>	
TERTIARY DRUG		DATE OF LAST USE	
TYPICAL FREQUENCY WHEN USING		<i>(Choose from drop-down menu)</i>	

HAS THIS CLIENT INJECTED DRUGS IN THE LAST 30 DAYS?			<i>(Choose from drop-down menu)</i>
IS THE CLIENT PREGNANT? <i>(Choose from drop-down menu)</i>			
NAME OF CURRENT TREATMENT PROVIDER <i>(choose from drop-down menu)</i>			
IS CLIENT WORKING WITH A PEER RECOVERY COACH?		IF YES, PROVIDE COACHES NAME	

(Choose from drop-down menu)