## DISCHARGE REPORT
(TCU METHADONE OUTPATIENT FORMS)

<table>
<thead>
<tr>
<th>SITE #:</th>
<th>CLIENT ID#:</th>
<th>TODAY'S DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MO</td>
</tr>
<tr>
<td>[6]</td>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNSELOR ID#:</th>
<th>ADMISSION DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO</td>
</tr>
<tr>
<td>[17-18]</td>
<td>19</td>
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</tbody>
</table>

### A. REASON FOR DISCHARGE:

- 01. SUCCESSFULLY COMPLETED treatment
  (i.e., in counselor’s judgment, client no longer needs drug abuse treatment)
- 02. TRANSFERRED to another treatment component of this agency
- 03. TRANSFERRED to another drug abuse treatment agency at client's request.
- 04. TRANSFERRED to another agency because client's non-drug abuse needs
  (i.e., mental health or physical health issue)
- 05. DECEASED (Cause)______________________________
  (Source of information)______________________________
- 06. HOSPITALIZED
- 07. INCARCERATED due to STATUS REVOCATION
- 08. INCARCERATED due to CHARGE PRIOR to entering treatment
- 09. INCARCERATED due to CHARGE SINCE entering treatment
- 10. DISCHARGED due to NON-COMPLIANCE with agency rules
- 11. DISCHARGED due to NON-COMPLIANCE with DATAR requirements
- 12. QUIT (Reason)______________________________
- 13. Other (Specify)______________________________

### B. Date of last counseling session attended before discharge?

- [27-32] MO | DAY | YR

### C. Date of last methadone dosage?

- [33-38] MO | DAY | YR

### D. Date of official discharge?

- [39-44] MO | DAY | YR

### E. Completed 1 year of DATAR treatment?

- 0=No  1=Yes [45]