DISCHARGE REPORT

(TCU CORRECTIONAL OUTPATIENT FORMS)

TO BE COMPLETED BY STAFF:		[FORM; CARD 01
PROGRAM #: [6-8]	CLIENT ID#: _	[9-15]
TODAY'S DATE:	SSN: _ - -	[22-30]
COUNSELOR ID#:	ADMISSION DATE:	YR [38-43]
A. REASON FOR DISCHARGE:	code# atment no longer needs drug abuse treatment)	[44-45] ‡
03. TRANSFERRED to another drug abu04. TRANSFERRED to another agency b(i.e., mental health or physical health	because client's non-drug abuse needs issue)	
05. DECEASED (Cause)(Source of information))	
06. HOSPITALIZED07. INCARCERATED due to STATUS R	REVOCATION	
08. INCARCERATED due to CHARGE 309. INCARCERATED due to CHARGE 3	C	
10. DISCHARGED due to NON-COMPL11. QUIT (Reason)		
12. Other (Specify)		<u> </u>
B. Date of <u>last counseling session attended</u> before discharge?		[46-51]
C. Date of official discharge?		[52-57]