

Connecticut Department of Mental Health and Addiction Services
DDaP – DISCHARGE FORM



CLIENT INFORMATION

NAME (Last, First, optional MI): _____
*Required

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____

PROVIDER CLIENT ID: _____

ADDRESS:

CLIENT STREET ADDRESS 1: _____

CLIENT STREET ADDRESS 2: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

ADMISSION:

ADMISSION DATE: _____ / _____ / _____

ADMISSION PROGRAM: _____

DISCHARGE

DISCHARGE DATE: _____ / _____ / _____
*Required

DISCHARGE REASON: (check one box below)

- | | |
|--|---|
| 41 ☐ AMA (AGAINST MEDICAL ADVICE) | 42 ☐ LEFT AGAINST ADVICE |
| 30 ☐ AWOL FOR INPATIENT ONLY | 44 ☐ MOVED OUT OF AREA |
| 40 ☐ CLIENT DISCONTINUED TX | 46 ☐ NON COMPLIANCE WITH RULES |
| 32 ☐ CHANGE IN HUD GRANT | |
| 32 ☐ DEATH | 96 ☐ OTHER |
| 51 ☐ DISCHARGED TO NEW SERVICE (FACILITY CONCURS) | 48 ☐ RECOVERY PLAN COMPLETED |
| 34 ☐ EVALUATION ONLY | 50 ☐ RELEASED BY COURT |
| 36 ☐ INCARCERATED | 97 ☐ UNKNOWN |
| 38 ☐ IP DISCHARGE FOR IP MEDICAL TX | |

*Required

DIAGNOSIS

EFFECTIVE DATE OF DIAGNOSIS: _____ / _____ / _____

*Required

(Enter Client's clinical diagnoses below.)

AXIS I	(Enter ICD 10 Diagnosis)	Description
1	_____ (Primary Dx)	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____

AXIS II	(Enter ICD 10 Diagnosis)	Description
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

AXIS III	(Enter ICD 10 Diagnosis)	Description
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

AXIS IV (Select Yes or No)			
2	PROBLEMS RELATED TO THE SOCIAL ENVIRONMENT	☐ YES	☐ NO
1	PROBLEMS WITH PRIMARY SUPPORT GROUP	☐ YES	☐ NO
9	OTHER PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS	☐ YES	☐ NO
7	PROBLEMS WITH ACCESS TO HEALTH SERVICES	☐ YES	☐ NO
4	OCCUPATIONAL PROBLEMS	☐ YES	☐ NO
3	EDUCATIONAL PROBLEMS	☐ YES	☐ NO
6	HOUSING PROBLEMS	☐ YES	☐ NO
5	ECONOMIC PROBLEMS	☐ YES	☐ NO
8	PROBLEMS RELATED TO THE LEGAL SYSTEM / CRIME	☐ YES	☐ NO

AXIS V – GAF SCORE:

(ENTER 0 – 100)