

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



CLIENT INFORMATION

NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____

ADDRESS:

CLIENT STREET ADDRESS 1: _____

CLIENT STREET ADDRESS 2: _____

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

PROVIDER CLIENT ID: _____

ADMISSION:

ADMISSION DATE: _____ / _____ / _____

ADMISSION PROGRAM: _____

DIAGNOSIS

EFFECTIVE DATE OF DIAGNOSIS:

____ / ____ / ____

(Enter Client's clinical diagnoses below.)

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

AXIS II	(Enter Diagnosis)	Description
1	____.____	_____
2	____.____	_____
3	____.____	_____
4	____.____	_____
5	____.____	_____

AXIS III	(Enter 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)

Complete if applicable.

DISCHARGE

DISCHARGE DATE: / /

PROVIDER SIGNATURE: _____

DATE: / /

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 | |

PERIODIC ASSESSMENT

ASSESSMENT DATE: / /

EMPLOYMENT STATUS: (check one box only)

- | | |
|--|---|
| 30 ☐ EMPLOYMENT FULL TIME (in competitive employment) | 46 ☐ NOT IN LABOR FORCE; retired |
| 32 ☐ EMPLOYMENT PART TIME (in competitive employment) | 48 ☐ NOT IN LABOR FORCE; SSI SSDI |
| 34 ☐ UNEMPLOYMENT (looking for work in the past 30 days, or on a layoff) | 50 ☐ NOT IN LABOR FORCE; Inmate of institution |
| 36 ☐ PAID BUT NON-COMPETITIVE WORK (transitional employment programs) | 52 ☐ NOT IN LABOR FORCE; other reason |
| 38 ☐ PAID BUT NON-COMPETITIVE WORK (work inside the clubhouse or treatment agency, mobile work crews and consumer-run businesses) | 96 ☐ OTHER |
| 42 ☐ NOT IN LABOR FORCE; student enrolled in a school or job training program) | 97 ☐ UNKNOWN |
| 44 ☐ NOT IN LABOR FORCE; homemaker | |

HIGHEST GRADE COMPLETED: Highest school grade completed by Client at the time of Assessment.

(Enter 0 – 32)

☐ UNKNOWN

PERSONS DEPENDENT ON INCOME:

(Enter 1 – 15)

MINORS DEPENDENT ON INCOME:

(Enter 0 – 14)

PRINCIPAL SOURCE OF SUPPORT: (check one box only)			
0	☐	NONE	4 ☐ DISABILITY
1	☐	PUBLIC ASSISTANCE	96 ☐ OTHER
2	☐	RETIREMENT	97 ☐ UNKNOWN
3	☐	SALARY	

LIVING SITUATION: (check one box only)			
30	☐	PRIVATE RESIDENCE, client owns or holds lease	46 ☐ PSYCHIATRIC/SA/MEDICAL INPATIENT
32	☐	PRIVATE RESIDENCE, friend or relative owns the residence or holds lease.	47 ☐ TEMPORARILY HOUSED (temporarily with friends/family sleeping on couch, no designated space of their own)
34	☐	SINGLE ROOM OCCUPANCY (Hotel, YMCA, Rooming House)	48 ☐ CORRECTIONAL INSTITUE
36	☐	PRIVATE RESIDENCE, Community agency owns or holds lease	50 ☐ DOMESTIC VIOLENCE SHELTER
38	☐	RESIDENTIAL CARE HOME / BOARD AND CARE	52 ☐ HOMELESS SHELTER
40	☐	CONGREGATE RESIDENTIAL CARE (24-hour supervision, group setting, services focus on MH, SA, &/or MR issues, Recovery House.)	54 ☐ HOMELESS (including on street)
42	☐	CRISIS / RESPITE BED	96 ☐ OTHER
44	☐	SKILLED NURSING FACILITY/ INTERMEDIATE CARE FACILITY/ NURSING HOME	97 ☐ UNKNOWN

Was Client Homeless in the Last Six Months?

☐ YES ☐ NO ☐ UNKNOWN

Number of Days in the Last 30 that client lived in a Controlled Environment?

(Enter 0 – 30)

Number of Arrests in the Last 30 Days?

(Enter 0 – 30)

☐ UNKNOWN

SOCIAL SUPPORT VOLUNTARY: Number of Self-Help programs/meetings attended in last 30 days

(Enter 0 – 90)

☐ UNKNOWN

SOCIAL SUPPORT FAMILY/FRIENDS: Indicate whether or not Client interacted with Family/Friends supportive of recovery in the thirty days preceding assessment.

☐ YES ☐ NO ☐ UNKNOWN

PERIODIC ASSESSMENT – SUBSTANCE USE

DRUG TYPE(S) used by clients (Select Drug Type 1 - 5, as applicable)		DRUG TYPE 1 Primary	DRUG TYPE 2 Secondary	DRUG TYPE 3 Tertiary	DRUG TYPE 4	DRUG TYPE 5
0	NONE	☐				
01	AMPHETAMINES	☐	☐	☐	☐	☐
02	ALCOHOL	☐	☐	☐	☐	☐
03	BARBITUATES	☐	☐	☐	☐	☐
04	BENZODIAZEPINES	☐	☐	☐	☐	☐
05	COCAINE	☐	☐	☐	☐	☐
06	CRACK	☐	☐	☐	☐	☐
07	HALLUCINOGENS: LSD, DMS, STP, etc.	☐	☐	☐	☐	☐
08	HEROIN	☐	☐	☐	☐	☐
09	INHALANTS	☐	☐	☐	☐	☐
10	MARIJUANA, HASHISH, THC	☐	☐	☐	☐	☐
11	METHAMPHETAMINES	☐	☐	☐	☐	☐
12	NON-PRESCRIPTIVE METHADONE	☐	☐	☐	☐	☐
13	OTHER OPIATES AND SYNTHETICS	☐	☐	☐	☐	☐
14	OTHER SEDATIVES OR HYPNOTICS	☐	☐	☐	☐	☐
15	OTHER STIMULANTS	☐	☐	☐	☐	☐
16	OVER-THE-COUNTER	☐	☐	☐	☐	☐
17	PCP	☐	☐	☐	☐	☐
18	TRANQUELIZERS	☐	☐	☐	☐	☐
96	OTHER	☐	☐	☐	☐	☐
97	UNKNOWN	☐				

DRUG METHOD USE FIELD 1: (Complete based on corresponding DRUG TYPE 1 selected, except 0 & 97.)

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 1:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 1 field? (Enter 0 – 30)

AGE FIRST USED FIELD 1:

Age at which the client used the Drug specified in the Drug Type 1 field? (Enter Age)

DRUG METHOD USE FIELD 2: <i>(Complete based on corresponding DRUG TYPE 2 selected, except 0 & 97.)</i>			
01	☐	ORAL	04 ☐ INJECTION
02	☐	SMOKING	96 ☐ OTHER
03	☐	INHALATION	97 ☐ UNKNOWN

DAYS USED FIELD 2:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 2 field? (Enter 0 – 30)

AGE FIRST USED FIELD 2:

Age at which the client used the Drug specified in the Drug Type 2 field? (Enter Age)

<u>DRUG METHOD USE FIELD 3:</u> <i>(Complete based on corresponding DRUG TYPE 3 selected, except 0 & 97.)</i>			
01	☐	ORAL	04 ☐ INJECTION
02	☐	SMOKING	96 ☐ OTHER
03	☐	INHALATION	97 ☐ UNKNOWN

<u>DAYS USED FIELD 3:</u>	
Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 3 field?	(Enter 0 – 30)

<u>AGE FIRST USED FIELD 3:</u>	
Age at which the client used the Drug specified in the Drug Type 3 field?	(Enter Age)

DRUG METHOD USE FIELD 4: (Complete based on corresponding DRUG TYPE 4 selected, except 0, 97.)			
01	☐	ORAL	04 ☐ INJECTION
02	☐	SMOKING	96 ☐ OTHER
03	☐	INHALATION	97 ☐ UNKNOWN

DAYS USED FIELD 4:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 4 field? (Enter 0 – 30)

AGE FIRST USED FIELD 4:

Age at which the client used the Drug specified in the Drug Type 4 field? (Enter Age)

DRUG METHOD USE FIELD 5: <i>(Complete based on corresponding DRUG TYPE 5 selected, except 0 & 97.)</i>			
01	☐	ORAL	04
02	☐	SMOKING	96
03	☐	INHALATION	97
			☐
			INJECTION
			OTHER
			UNKNOWN

DAYS USED FIELD 5:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 5 field? *(Enter 0 – 30)*

AGE FIRST USED FIELD 5:

Age at which the client used the Drug specified in the Drug Type 5 field? *(Enter Age)*