



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

CLIENT INFORMATION

NAME: _____

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: _____ / _____ / _____

DISCHARGE REASON: (check one box below)

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

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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1	PROBLEMS WITH PRIMARY SUPPORT GROUP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9	OTHER PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	PROBLEMS WITH ACCESS TO HEALTH SERVICES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	OCCUPATIONAL PROBLEMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	EDUCATIONAL PROBLEMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	HOUSING PROBLEMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	ECONOMIC PROBLEMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8	PROBLEMS RELATED TO THE LEGAL SYSTEM / CRIME	<input type="checkbox"/> YES	<input type="checkbox"/> NO

AXIS V – GAF SCORE: (ENTER 0 – 100)