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: _____ / _____ / _____

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	☐	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			

PROVIDER SIGNATURE: _____

DATE: _____ / _____ / _____

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.	48	☐	CORRECTIONAL FACILITY
34	☐	SINGLE ROOM OCCUPANCY (Hotel, YMCA, Rooming House)	50	☐	DOMESTIC VIOLENCE SHELTER
36	☐	PRIVATE RESIDENCE, Community agency owns or holds lease	52	☐	HOMELESS SHELTER
38	☐	RESIDENTIAL CARE HOME / BOARD AND CARE	54	☐	HOMELESS (including on street)
40	☐	CONGREGATE RESIDENTIAL CARE (24-hour supervision, group setting, services focus on MH, SA, &/or MR issues, Recovery House.)	96	☐	OTHER
42	☐	CRISIS / RESPITE BED	97	☐	UNKNOWN
44	☐	SKILLED NURSING FACILTY/ INTERMEDIATE CARE FACILTY/ NURSING HOME			

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: ***(Complete based on corresponding DRUG TYPE 2 selected, except 0 & 97.)***

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)*** ☐

DRUG METHOD USE FIELD 3: ***(Complete based on corresponding DRUG TYPE 3 selected, except 0 & 97.)***

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

DAYS USED FIELD 3:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 3 field? ***(Enter 0 – 30)*** ☐

AGE FIRST USED FIELD 3:

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: (***Complete based on corresponding DRUG TYPE 5 selected, except 0 & 97.)***

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