Ohio Behavioral Health
Integrated ODMH/ODADAS Discharge Form

Unique Provider Number:	Episode Number:
Name (first/last):	Paying Board:
Unique Client ID:	Date of Birth (mm/dd/yyyy):
Last Date of Service:	Discharge Date:

Discharge Reason

- ☐ Successful Completion/Graduate
- ☐ Assessment & evaluation only, successfully completed, no further services recommended
- ☐ Assessment & evaluation only, successfully completed, client rejected recommendations
- ☐ Left on own, against staff advice with SATISFACTORY Progress
- ☐ Left on own, against staff advice with UNSATISFACTORY Progress
- ☐ Involuntarily discharged due to non-participation
- ☐ Involuntarily discharged due to violation of rules
- ☐ Referred to another program or service with SATISFACTORY Progress
- ☐ Referred to another program or service with UNSATISFACTORY Progress
- ☐ Incarcerated due to Offense Committed while in Treatment with SATISFACTORY Progress
- ☐ Incarcerated due to Offense Committed while in Treatment with UNSATISFACTORY Progress
- ☐ Incarcerated due to Old Warrant/Charge from before Treatment with SATISFACTORY Progress
- ☐ Incarcerated due to Old Warrant/Charge from before Treatment with UNSATISFACTORY Progress
- ☐ Transferred to Another Facility for Health Reasons
- ☐ Death
- ☐ Client Moved
- ☐ Needed Services Not Available
- ☐ Other

Did client choose another provider due to religious preference?

☐ Yes ☐ No

Highest Educational Level Completed

- ☐ < 1st Grade
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade
- ☐ 7th Grade
- ☐ 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade
- ☐ Tech School
- ☐ Some College
- ☐ 2 Yr Coll Degree
- ☐ 4 Yr Coll Degree
- ☐ Grad Degree
- ☐ Unknown

Educational Enrollment

- ☐ Pre-School
- ☐ K-12th Grade
- ☐ GED Classes
- ☐ Other: Literacy, Adult Basic Ed, etc
- ☐ Voc/Job Training
- ☐ College
- ☐ Not Enrolled
- ☐ Unknown

Education Type – Choose if K-12 Selected:

- ☐ Not Enrolled
- ☐ Not SBH (Client doesn't have an IEP)
- ☐ SBH (Client has an IEP)

Employment Status (Choose One)

- ☐ Full Time
- ☐ Part Time
- ☐ Sheltered
- ☐ Unemployed, but actively looking for work
- ☐ Unknown

Not in Labor Force (Choose One Below)

- ☐ Homemaker
- ☐ Student
- ☐ Volunteer
- ☐ Retired
- ☐ Disabled
- ☐ Inmate
- ☐ Engaged in Residential/Hospitalization
- ☐ Other

Primary Income/Support (Select One)

- ☐ Wages/Salary
- ☐ Family/Relative
- ☐ Public Assistance
- ☐ Retirement/Pension
- ☐ Disability
- ☐ Other
- ☐ Unknown
- ☐ None

Living Arrangements (Choose One)

- ☐ Independent living (own home)
- ☐ Homeless
- ☐ Others' Home
- ☐ Residential Care / Group Home / ACF
- ☐ Child Residential Treatment Center
- ☐ Respite Care
- ☐ Foster Care
- ☐ Crisis Care
- ☐ Temporary Housing
- ☐ Community Residence

Living Arrangements (continued)

- ☐ Nursing Facility
- ☐ Licensed MR Facility
- ☐ State MH/MR Institution
- ☐ Hospital
- ☐ Correctional Facility
- ☐ Other
- ☐ Unknown

	Global Assessment of Functioning

Diagnosis Type (Choose One)

☐ DSM IV ☐ ICD9

Primary Diagnosis Code:

Secondary Diagnosis Code:

Tertiary Diagnosis Code:

Special Populations (Select all that Apply)

- ☐ SMD/SED
- ☐ Alcohol/Other Drug Abuse
- ☐ Forensic Status
- ☐ Developmentally Disabled
- ☐ Deaf/Hard of Hearing
- ☐ Blind/Sight Impaired
- ☐ Physically Disabled
- ☐ Sexual Abuse Victim
- ☐ Domestic Violence Victim/Witness
- ☐ Child of Alcohol/Drug Abuser
- ☐ HIV/AIDS
- ☐ Suicidal
- ☐ Language Barriers/English 2nd Lang.
- ☐ Hepatitis C
- ☐ Transgendered
- ☐ In Custody/Child Welfare
- ☐ Multiple Service System Involvement
- ☐ Early Childhood: At Risk for SED
- ☐ Sexual Offender
- ☐ Bisexual/Gay/Lesbian
- ☐ Military Family

Drug of Choice (Primary Choice)

- ☐ Alcohol
- ☐ Cocaine/Crack
- ☐ Marijuana/Hashish
- ☐ Heroin

Drug of Choice (Continued)

- ☐ Non-prescription Methadone
- ☐ Other Opiates and Synthetics
- ☐ PCP
- ☐ Other Hallucinogens
- ☐ Methamphetamines
- ☐ Other Amphetamines
- ☐ Other Stimulants
- ☐ Benzodiazepines
- ☐ Other Non-Barbiturate Tranquilizers
- ☐ Barbiturates
- ☐ Other Non-Barb. Sedatives/Hypnotics
- ☐ Inhalants
- ☐ Over-the-Counter Medications
- ☐ Nicotine
- ☐ Other Medications
- ☐ Unknown

Frequency of Use

☐ No use Past Mo ☐ 1 – 3 X Past Week
☐ 1 – 2 X in Past Mo ☐ 3 – 6 X Past Week
☐ Daily ☐ Unknown

Route of Administration

☐ Oral ☐ Injection
☐ Smoking ☐ Other
☐ Inhalation ☐ Unknown

	Age of First Use – First Intoxication

Primary AOD Code:

	Number of Arrests past 30 days (AOD NOM)

Primary Reimbursement (Select One)

- ☐ Self-Pay
- ☐ Blue Cross/Blue Shield
- ☐ Medicare
- ☐ Medicaid
- ☐ Other Government Support
- ☐ Worker's Compensation
- ☐ Other Private Health Insurance
- ☐ No Charge
- ☐ Other Payment Source

Frequency of attendance at self-help programs in the 30 days prior to discharge

☐ No attendance in past month
☐ 1-3 X in past mo. ☐ 4-7 X in past mo.
☐ 8-15 X in past mo. ☐ 16-30 X in past mo.
☐ Some but unknown ☐ Unknown

Does the client use tobacco products?

☐ Yes ☐ No ☐ Don't Know

ODMH: BIOMARKERS

Source of Height/Weight Information

☐ Self-Reported ☐ Measured

Height and Weight

|	Height (feet and inches)
|	Weight (lbs)

Physical Health Conditions

Does client report/provide evidence of any of the following conditions in past year?

- ☐ Diabetes
- ☐ High Cholesterol
- ☐ Cardiovascular Disease (heart attack, stroke)
- ☐ High blood pressure
- ☐ Cancer
- ☐ Kidney Disease/Failure
- ☐ Bowel Obstruction (eg, constipation)
- ☐ Respiratory Disease (eg, COPD)
- ☐ None

Health Care Utilization

How frequently (in days) has the client used the following since admission or last update?

|	Hospital Admissions
|	Emergency Room Visits/Admits (psychiatric or physical health)
|	Outpatient Primary Care Visits (physical health)
|	Dental Visits

Evidence Based Practices

Did the client receive any of the following EBPs since admission or last update?

Adult Practices

- ☐ Supportive Housing
- ☐ Supported Employment
- ☐ Assertive Community Treatment (ACT)
- ☐ Family Psycho-Education
- ☐ IDDT
- ☐ WMR/Illness Self-Management
- ☐ Medication Management

Child & Adolescent Practices

- ☐ Therapeutic Foster Care
- ☐ Multi-Systemic Therapy (MST)
- ☐ Functional Family Therapy
- ☐ Intensive Home-based Therapy (IBHT)

Drug of Choice (Secondary)	Drug of Choice (Tertiary)
☐ Alcohol ☐ Cocaine/Crack ☐ Marijuana/Hashish ☐ Heroin ☐ Non-prescription Methadone ☐ Other Opiates and Synthetics ☐ PCP ☐ Other Hallucinogens ☐ Methamphetamines ☐ Other Amphetamines ☐ Other Stimulants ☐ Benzodiazepines ☐ Other Non-Barbiturate Tranquilizers ☐ Barbiturates ☐ Other Non-Barb. Sedatives/Hypnotics ☐ Inhalants ☐ Over-the-Counter Medications ☐ Nicotine ☐ Other Medications ☐ Unknown ☐ None	☐ Alcohol ☐ Cocaine/Crack ☐ Marijuana/Hashish ☐ Heroin ☐ Non-prescription Methadone ☐ Other Opiates and Synthetics ☐ PCP ☐ Other Hallucinogens ☐ Methamphetamines ☐ Other Amphetamines ☐ Other Stimulants ☐ Benzodiazepines ☐ Other Non-Barbiturate Tranquilizers ☐ Barbiturates ☐ Other Non-Barb. Sedatives/Hypnotics ☐ Inhalants ☐ Over-the-Counter Medications ☐ Nicotine ☐ Other Medications ☐ Unknown ☐ None
Frequency of Use ☐ No use Past Mo ☐ 1 – 3 X Past Week ☐ 1 – 2 X in Past Mo ☐ 3 – 6 X Past Week ☐ Daily ☐ Unknown	**Frequency of Use** ☐ No use Past Mo ☐ 1 – 3 X Past Week ☐ 1 – 2 X in Past Mo ☐ 3 – 6 X Past Week ☐ Daily ☐ Unknown
Route of Administration ☐ Oral ☐ Injection ☐ Smoking ☐ Other ☐ Inhalation ☐ Unknown	**Route of Administration** ☐ Oral ☐ Injection ☐ Smoking ☐ Other ☐ Inhalation ☐ Unknown
| **Age of First Use – First Intoxication**	| **Age of First Use – First Intoxication**
Secondary AOD Code	**Tertiary AOD Code**