

Client Information						
First Name (Full First Name)		Last Name (Full Last Name)		DOB		Last 4 of SSN
				MM	DD	YYYY
				####		
Encounter Information (Units)						
Service Type		Program Name			Start Date	
Individual	Group				MM	DD
Family	Evaluation				YYYY	
Total Number of Service Units or Sessions	#	Charge Per Unit	\$#.##			
Program Disenrollment (TEDS/NOMS Disenroll Status)						
Facility Name	Program Name (Primary Service Provided)		Start Date	MM	DD	YYYY
			End Date	MM	DD	YYYY
Termination Reason (Status at Discharge/Disenrollment)						
01-Client Termination w/o clinic agreement			13-Parents/Legal Guardian Withdrew Client			
02-Treatment is Complete			14-Termination Due to Program Cut/Reduction			
03-Further Treatment Not Appropriate at this Facility			15-Treatment Completed for Affected Other/Co-Dependent			
04-Non-Compliance with Rules and Regulations			16-Treatment NOT Completed for Affected Other/Co-Dependent			
05-Client Refused Service/Treatment			17-Evaluation Only			
06-Unable to Follow Program Requirements			21-Evaluation Incomplete			
07-Client is Charged for Medical/or Psychological Tx			22-Client Inability to Pay/Loss of Health Insurance			
08-Client Moved out of Catchment Area			23-Transferred to Another SA Treatment Program or Facility			
09-Client Cannot get to Facility for Further Service			30-Client Left Program - Lack of Child Care			
10-Cannot Come for Treatment During Facility Hours			98-Not Applicable			
11-Client Incarcerated			99-Shelter Clients Only			
12-Client Deceased						
Number of Arrests in the Prior 30 Days		#	Number of Times in Self-Help Group Last 30 Days		#	
*Primary Substance	Code Value	*Secondary Substance	Code Value	*Tertiary Substance	Code Value	
*Frequency of use Last 30 Days	Code Value	*Frequency of use Last 30 Days	Code Value	*Frequency of use Last 30 Days	Code Value	
Discharge Information (Profile)						
Discharge Date			Discharge Staff		Termination Reason (Code Value From Above)	
MM	DD	YYYY			Code Value	
Discharge Referral (If Any)					Did You Recommend a Self-Help Group?	Y
00-None			08-Intensive Outpatient			N
01-Detoxification			09-Residential Rehab (Short Term)		Type of Therapy Received During Treatment	
02-Diagnosis & Evaluation			10-Half and Quarterway House		00-None	
03-In-Home Family Support			11-Adolescent Res Rehab Transitional		01-CBT	
04-Extended Care			12-Substance Abuse Professional		02-Motivational Interviewing	
06-Shelter			13-Consumer Run Residence		03-DSAT	
07-Outpatient Counseling (General)			99-Other		04-CYT	
Deliberate Referrals Other Than Substance Abuse Treatment					05-Integrated Co-Occuring Tx	
None			D-HIV Antibody Counseling and Testing		06-ACT (Assertive Comm. Tx)	
A-Mental Health Provider			E-School Counselor		07-ACT (Acceptance & Commitment)	
B-Other Health Care Provider			Z-Other		08-Prime for Life	
C-Voc Rehav/Job Replacement						

Discharge Information (Legal History)									
Legal Status									
00 - No Legal Involvement	03 - Awaiting Court	06 - Driver's License Revocation	# of OUI		#				
01 - Probation/Parole	04 - Serving Sentence	07 - Deferred Disposition	Arrests						
02 - Furloughed	05 - Formal Adjudication	08 - Specialty Court	During TX						
99 - Other									
Discharge Information (Status Changes Since Admission)									
Pregnant?		*Living Arrangements	<i>Code Value</i>	*Primary Payment Source		<i>Code Value</i>	Where are the Children While the Client is in Treatment?		
Y	N			*Secondary Payment Source			<i>Code Value</i>	01-With the Client	
*Marital Status		*Employment Status	<i>Code Value</i>	*Tertiary Payment Source		<i>Code Value</i>	02-Spouse/Other Parent		
<i>Code Value</i>				*Insurance Type	<i>Code Value</i>				<i>Code Value</i>
County of Residence			<i>Code Value</i>					<i>Code Value</i>	
				<i>Code Value</i>			<i>Code Value</i>		05-Babysitter/Caregiver
Did Client Participate in School or Training While In Treatment?			Y		N			06-Temporary Foster Care	
			<i>Code Value</i>	<i>Code Value</i>					
Discharge Information (Substance Abuse)									
Primary Substance		*Frequency of Use	*Method		Medication Assisted Treatment				
<i>Code Value</i>		<i>Code Value</i>	<i>Code Value</i>		01-None		05-Campral		
					02-Methadone		06-Naltraxone		
Secondary Substance		*Frequency of Use	*Method		03-LAAM		07-Vivitrol		
<i>Code Value</i>		<i>Code Value</i>	<i>Code Value</i>		04-Buprenorphine, Suboxone, Subutex		08-Antabuse		
							09-Topamax		
Tertiary Substance		*Frequency of Use	*Method		# of MH Hospital Admits During Treatment		#		
<i>Code Value</i>		<i>Code Value</i>	<i>Code Value</i>						
Has the Degree of Presenting Physical or Psychological Dependence on the Alcohol and/or Substance(s) Improved?									
Improved?									
Discharge Information (Tobacco)									
Does the Client Currently Use Tobacco?			Y	N	Unknown	Do You Wish to Close This Case Upon Discharge?		Y	N
Age of First Use		#	Frequency Last 30 Days						
			00-None						
			10-1/2 Pack/Day						
			11-1 Pack/Day						
			12-1 1/2 Packs/Day						
			13-2 Packs/Day						
			14-2+ Packs/Day						
*Method		<i>Code Value</i>				Entered Into WITS (Date & Staff Name)			
		<i>Code Value</i>							
Additional Information (Notes):									