

Clinician:

WITS Discharge Form

Unique Client Number:

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	YYYY
Family	Evaluation						
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					
Discharge Referral (If Any)					Did You Recommend a Self-Help Group?	Y N	
00-None		08-Intensive Outpatient					
01-Detoxification		09-Residential Rehab (Short Term)			Type of Therapy Received During Treatment		
02-Diagnosis & Evaluation		10-Half and Quarterway House					
03-In-Home Family Support		11-Adolescent Res Rehab Transitional			00-None		
04-Extended Care		12-Substance Abuse Professional			01-CBT		
06-Shelter		13-Consumer Run Residence			02-Motivational Interviewing		
07-Outpatient Counseling (General)		99-Other			03-DSAT		
Deliberate Referrals Other Than Substance Abuse Treatment					04-CYT		
None		D-HIV Antibody Counseling and Testing			05-Integrated Co-Occurring Tx		
A-Mental Health Provider		E-School Counselor			06-ACT (Assertive Comm. Tx)		
B-Other Health Care Provider		Z-Other			07-ACT (Acceptance & Commitment)		
C-Voc Rehab/Job Replacement					08-Prime for Life		

Discharge Information (Legal History)									
Legal Status									
00 - No Legal Involvement		03 - Awaiting Court		06 - Driver's License Revocation		# of OUI Arrests During TX		#	
01 - Probation/Parole		04 - Serving Sentence		07 - Deferred Disposition					
02 - Furloughed		05 - Formal Adjudication		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							01-With the Client	
*Marital Status		*Employment Status		<i>Code Value</i>	*Secondary Payment Source		<i>Code Value</i>	02-Spouse/Other Parent	
County of Residence		*Insurance Type		<i>Code Value</i>	*Tertiary Payment Source		<i>Code Value</i>	03-Grandparents/Relative	
								04-Friends	
Did Client Participate in School or Training While In Treatment?				Y	N			05-Babysitter/Caregiver	
								06-Temporary Foster Care	
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?								Y	N
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		12-1 1/2 Packs/Day				
*Method		<i>Code Value</i>	10-1/2 Pack/Day		13-2 Packs/Day		Entered Into WITS (Date & Staff Name)		
			11-1 Pack/Day		14-2+ Packs/Day				
Additional Information (Notes):									