

MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE
FOCUS - SUD/TEDS DISCHARGE

Name: _____ **Case #:** _____ **Case:** _____
Date of Birth _____ **Home Phone** _____ **Current Admission** _____
Address _____ **Primary Affiliate:** _____
Primary Program: _____
Case Holder: _____
Disability Designation: _____


Consumer Information

Provider _____ **CIS Site License #** _____ **Discharge Staff** [lookup](#)

Last Name First Name Middle Name _____ **Gender** _____ **Date of Birth** _____
 Male Female

SSN _____ **Reason for missing SSN** _____ **Beneficiary Identifier** [lookup](#) _____ **County of Residence** _____

Client CA Ref # _____ **Linked Authorization(s)** _____

FIRST CONTACT DATE	
ADMISSION DATE	
DISCHARGE DATE	<input type="text"/> 
DISCHARGE REASON:	
<input type="radio"/> Completed Treatment	<input type="radio"/> Mutual Staff/Client Decision
<input type="radio"/> Left Against Staff Advice	<input type="radio"/> Early Jail Release
<input type="radio"/> In Jail	<input type="radio"/> Client Relocated
<input type="radio"/> Rules Violation	<input type="radio"/> Program Closed/Merged
<input type="radio"/> Death	<input type="radio"/> Other
<input type="radio"/> Continuing in Treatment/Transfer	

1. Service Category

- 11 - outpatient
- 21 - residential detox
- 22 - short term residential < 29 days
- 24 - long term residential 30+
- 31 - intensive outpatient
- 61 - case management

2. Employment Status

- Employed Full-Time
- Employed Part-Time
- Unemployed = laid off, fired, seasonal activity - actively sought work in last 30 days
- Not in the Competitive Labor Force = Includes Homemaker, Student 18+ y/o, day program participant, resident or inmate of an institution, including nursing home
- Not applicable (under 18)

Detailed Not in Labor Force

- Homemaker
- Student
- Retired
- Disabled
- Inmate of Institution
- Other
- Not Actively Seeking Work

Not Applicable

3. Substance Abuse Pattern in Last 30 Days Before Discharge Date, or since Admission if Treatment did not last 30 Days

	Primary	Secondary	Tertiary
Drug Code	<input type="text" value="lookup"/>	<input type="text" value="lookup"/>	<input type="text" value="lookup"/>
Route of Adm.	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>
Frequency of Use	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>

4. Corrections Status

- No Status with Corrections System
- In Prison
- In Jail
- Paroled from Prison
- Probation from Jail
- Juvenile Detention Center
- Court Supervision
- Awaiting Trial
- Awaiting Sentencing
- Refused to Provide Information
- Unknown

5. Arrest History in Last 30 Days, or since Admission, whichever is shorter

Total Arrests	<input type="text"/>	<input type="text"/>
Possession/Sale Arrests	<input type="text"/>	<input type="text"/>
DUI/DWI Arrests	<input type="text"/>	<input type="text"/>

6. Living Arrangements

- Independent
- Dependent
- Homeless

Mental Health Issues Identified during Treatment

- None
- Mild/Moderate
- Severe

Women's Specialty Program

- Yes
- No

Number of drug-free births during treatment:

Child Welfare Involvement

- Yes
- No

Attendance at Self-Help Programs (in the last 30 days since Admission or whichever is shorter)

- None (00)
- 1 or 2 times a month (02)
- 1 or 2 times a week (06)
- 3-6 times a week (18)
- Daily (30)
- Not Applicable (98)

Aftercare/Continuation

Check here if consumer refused followup care

Aftercare Provider [lookup](#) [clear](#)

Other:

Date Offered 

Time Offered 

Date Accepted 

Time Accepted 

Consumer requested an appointment outside of 7 days of Detox Discharge - Reason:

characters left: 256 

Comments

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[✓ Spell Check](#)

Record Added

Record Changed