**Instructions: Discharge means from the agency, not *disenrollment* from individual programs. Entry of this form in the AKAIMS establishes the individual has received treatment but no further services will occur in this case file.**

## Client Discharge Profile

1. Discharge Date: \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ 2. Date of Last Contact: \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_
2. Discharge Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
3. Reason for Termination: ***Check One***

|  |  |
| --- | --- |
| * Successfully completed treatment * Left on own against staff advice *with* satisfactory progress * Left on own against staff advice *without* satisfactory progress * Involuntary discharge due to non-participation * Involuntary discharge due to violation of the rules * Referred to another program or other service *with* satisfactory progress * Referred to another program or other service *without* satisfactory progress | * Incarcerated due to offense committed while in treatment *with* satisfactory progress * Incarcerated due to offense committed while in treatment *without* satisfactory progress * Incarcerated due to old warrant or charge from before treatment *with* satisfactory progress * Incarcerated due to old warrant or charge from before treatment *without* satisfactory progress * Transferred to another facility for health reasons * Deceased * Other |

1. Discharge Referral (not required for MDS): ***Check One***

|  |  |
| --- | --- |
| * No Referral * Community Mental Health Services * Detox Services * General Hospital * Half-way House * Intensive Outpatient * Intermediate Care | * Long-term Care Program * Methadone Program * Other Outpatient Use * Other Residential Program * Psychiatric Hospital * Self-help Programs (AA/NA) * Other Referral |

1. Treatment Summary (only required if Life Domain included SU): ***Check Yes or No***

Did Client Receive HIV/AIDS Risk Assessment? ❒ Yes ❒ No

Did Client Receive HIV/AIDS Education? ❒ Yes ❒ No

Did Client Receive HIV/AIDS Risk Reduction Counseling? ❒ Yes ❒ No

Did Client Receive FAS Education? ❒ Yes ❒ No

Did Client Receive Hepatitis C Education? ❒ Yes ❒ No

Did Client Receive TB Education? ❒ Yes ❒ No

Did Client Receive Referral For TB Testing? ❒ Yes ❒ No