

GAMBLING SERVICES MANUAL

17.03C GAMBLING DISCHARGE TREATMENT FORM

Provider PPA Number

Client ID Number

Sex: Male Female

Are you a significant other of a gambler: Yes No

Discharge Date:
(mm/dd/yyyy)

Admission Date:
(mm/dd/yyyy)

Type of Residence: (Check one)

- Private Residence Homeless Other Group Residential Setting
 Child in Placement Other Institution, Other (e.g., hospital, jail)

Employment Status (Check all that apply)

- Active Military Disabled (not working at all) Employed Full-Time
 Employed Part-Time or Seasonal Retired Self-employed
 Student Unemployed Other
 Unknown

Status of Gambling Related Problems (check one for each)

- | | | | | |
|-------------------------|-----------------------------------|--|---------------------------------------|---|
| Gambling | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| Drug Use | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| Alcohol Use | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| Financial | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| Legal | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| Vocational/Ed | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| Medical/Health | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| Lethality: Self | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| Lethality: Other | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| Mental Health | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |
| Family | <input type="checkbox"/> Achieved | <input type="checkbox"/> Partial Achievement | <input type="checkbox"/> Not Achieved | <input type="checkbox"/> Not Applicable |

Discharge Information

Discharge Status (Check one)

- Completed Treatment: All Goals Met
 Completed Treatment: Half or More Goals Met
 Treatment Not Completed: Max Benefit/Clinical Discharge
 Treatment Not Completed: Some Goals Met
 Treatment Not Completed: No Goals Met

Discharge Disposition (Check one)

- Additional treatment at this level of care no longer necessary
 Further treatment at this level unlikely to yield added clinical gain
 Left against clinical advice
 Client relocated
 Left due to non-compliance with program rules
 Client arrested/incarcerated
 Client could no longer participate for health reasons
 Client death
 The client has used all 20 sessions

Referral Disposition (Check one)

- No referral made
 Client not in need of additional services
 Referred to other service provider(s)
 Refused referral

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Referral Category (Check all that apply)

Chemical Dependency Programs

D&A Program

Health Care Services

MR/Dev Disabilities Provider

Other Health Care Provider

Gambling Programs

GA/Gam-Anon

Gambling Inpatient/Residential Provider

Gambling Outpatient Provider

Other

EAP

Financial Counseling

Other Community Referral

SAP

Other (specify):

Number of Counseling Sessions

Individual Counseling Sessions

Group Counseling Sessions

During the past 30 days, what amount of money did you spend on a typical day of gambling? \$

During the past 30 days, how much time did you usually spend on a typical day of gambling?

hours minutes

During the past 30 days, on how many days did you gamble? days

How does the client's current gambling problem compare to the level of gambling at admission?

No Longer Gambling

Reduced

Same

Increased

Don't Know