				Client:	
CMBHS Clinical Management of Behav	vioral Health Servi	ices			
Discharge Follow-up					
Document Information					
Discharge Date	*	mm/dd/y	ууу		
Discharge Follow-up Date	*	mm/dd/y	уу		
Performed By	*				
Contact Attempt					
Contact Date	*	mm/dd/y	yw		
Contact Time	*	hh:mm AM	PM		
Contact Type	*				
Contact Outcome	*				
Contact Mode	*				
Contact Phone	*	nn	n-nnn-nnnn		
Comments					
Education & Employment					
Education Are you currently in scl	hool?	* O Yes	No N/A		
Employment					
What is your employment status?		k			
Reason for not in Labor force?		k			
What is your primary so	urce of income?	*	k		
Legal					
Current Information					
*What is your current legal statu	us? ONA	Jail or Prison Prob	pation Parole Diversion	on Program Awaiting Trial	Awaiting Sentencing
* In the past 30 days, how many have you been arrested?	y times				

Physical Health										
Current Information				l:a_l:_a_l.	d:		:-:-2 *			
How many days since discharg Mental Health	ge from substance Use Trea	itment have you	been hospita	lized inclu	ding emergency	y room '	visits? *			
Current Information										
Are you currently seeing a Licensed Professional of the Healing Arts for any health condition or problem?								O Yes	No	
, , ,		J			eing treated for	.}				
		ns?	*	O Ye	s No					
		ii yes, are	you taking an	ургезагра	tion medication	ъ.		<u> </u>		
If yes, what are they?										
Treatment History						.				
Have you ever sought Substan	ce Use Treatment since you	ı were discharge	d from our pro	ogram?	*) Yes	○ No			
If yes, what trea	tment have you received?	*	Number of Episod		es Tre		eatment Services Received			
				<u> </u>						
	per of treatment episodes									
service	ed of each treatment									
Sum of number o	of prior treatment episodes				1					
Comments										
Comments										
Current Social Status				\bigcirc		\bigcirc				
*What is your living situation?		Depe ndent		() Ind	ependent	() I	Homeless			
If Dependent		Dependent I	Family Home	O Sui	pport Housing	\bigcap A	Assisted Living	\bigcap N	ursing Home	
		$\widehat{}$	•	<u> </u>		\sim		<u> </u>		
	(Hospital			rrectional cility	\bigcirc	Other			
					·					
*Marital status:	(Divorced		O N	lever Married		Now Married	Sepa	arated O V	Vidowed
	,	○ No attendan	nce in the		times in the	O 4	-7 times in (8-1	L5 times in the	<u> </u>
*In the past 30 days, how many times have you attended self-help groups? (e.g. AA, NA, etc.)		past month	ice in the	\ /	t month		he past nonth	pas	st month	
attended sen-neip groups: (e.g. A	1, NA, etc.)	16-30 times	in the	$\widehat{}$						
Comments/ Document Status		16-30 times in the past month		O Some attendance in the			st month, but	frequen	cy unknown	
Г		· 								
Comments										
Document Status										
Document Status Date		mm/dd/	′ yyyy							