



# Gambling Discharge Treatment Form

**CONTRACT #:** \_\_\_\_\_ **CLIENT ID #:** \_\_\_\_\_

**SAP VENDOR#:** \_\_\_\_\_ **SEX:**  Male  Female  Other \_\_\_\_\_

**IS CLIENT A SIGNIFICANT OTHER OF A GAMBLER?**  Yes  No

**DISCHARGE DATE:** \_\_\_\_\_ **ADMISSION DATE:** \_\_\_\_\_

**TYPE OF RESIDENCE AT DISCHARGE:** *(Check one)*

- |   |  |  |                                  |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Private Residence  | <input type="checkbox"/> Homeless                                  | <input type="checkbox"/> Other Group Residential Setting | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Child in Placement | <input type="checkbox"/> Institution <i>(e.g., hospital, jail)</i> | <input type="checkbox"/> Other <i>(specify)</i> _____    |                                  |

**EMPLOYMENT STATUS:** *(Check all that apply)*

- |  |                                     |  |                                  |
|--|-------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Active Military       | <input type="checkbox"/> Disabled   | <input type="checkbox"/> Full-Time     | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Part-Time or Seasonal | <input type="checkbox"/> Retired    | <input type="checkbox"/> Self-employed |                                  |
| <input type="checkbox"/> Student               | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Other         |                                  |

**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 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's health prohibits attendance in treatment
- Client death
- Client no longer needs DDAP funding

**REFERRAL DISPOSITION:** *(Check one)*

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

**REFERRAL CATEGORY:** *(If a referral was made, check all that apply)*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> D&A Program                   | <input type="checkbox"/> Gambling Inpatient/Residential Provider | <input type="checkbox"/> Financial Counseling   |
| <input type="checkbox"/> Int/Dev Disabilities Provider | <input type="checkbox"/> Gambling Outpatient Provider            | <input type="checkbox"/> SAP                    |
| <input type="checkbox"/> Other Health Care Provider    | <input type="checkbox"/> Other Community Referral                | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> GA/Gam-Anon                   | <input type="checkbox"/> EAP                                     |   |

**NUMBER OF COUNSELING SESSIONS:** Individual Sessions: \_\_\_\_\_ Group Sessions: \_\_\_\_\_

**DURING THE PAST 30 DAYS:**

- What amount of money did you spend on a typical day of gambling? \$ \_\_\_\_\_ n/a or unknown
- How much time did you usually spend on a typical day of gambling? \_\_\_\_\_ hours \_\_\_\_\_ minutes n/a or unknown
- On how many days did you gamble? \_\_\_\_\_ days n/a or unknown

**HOW DOES THE CLIENT'S CURRENT GAMBLING PROBLEM COMPARE TO THE LEVEL OF GAMBLING AT ADMISSION?**

- No Longer Gambling     Reduced     Same     Worse     Don't Know     n/a  
(family member)