dmhas

Connecticut Department of Mental Health and Addiction Services
DDaP – UPDATE / DISCHARGE FORM

CLIENT INFORMATION

NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____

ADDRESS:

CLIENT STREET ADDRESS 1: _____

CLIENT STREET ADDRESS 2: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PROVIDER CLIENT ID: _____

ADMISSION:

ADMISSION DATE: _____ / _____ / _____

ADMISSION PROGRAM: _____

DIAGNOSIS

EFFECTIVE DATE OF DIAGNOSIS: _____ / _____ / _____

(Enter Client's clinical diagnoses below.)

AXIS I	*(Enter Diagnosis)*	Description
1	___ ___ ___.___ ___ **(Primary Dx)**	_____
2	___ ___ ___.___ ___	_____
3	___ ___ ___.___ ___	_____
4	___ ___ ___.___ ___	_____
5	___ ___ ___.___ ___	_____
6	___ ___ ___.___ ___	_____
7	___ ___ ___.___ ___	_____

AXIS II	*(Enter Diagnosis)*	Description
1	___ ___ ___.___ ___	_____
2	___ ___ ___.___ ___	_____
3	___ ___ ___.___ ___	_____
4	___ ___ ___.___ ___	_____
5	___ ___ ___.___ ___	_____

AXIS III	*(Enter Diagnosis)*	Description
1	___ ___ ___.___ ___	_____
2	___ ___ ___.___ ___	_____
3	___ ___ ___.___ ___	_____
4	___ ___ ___.___ ___	_____
5	___ ___ ___.___ ___	_____

AXIS IV	*(Select Yes or No)*		
2	PROBLEMS RELATED TO THE SOCIAL ENVIRONMENT	☐ YES	☐ NO
1	PROBLEMS WITH PRIMARY SUPPORT GROUP	☐ YES	☐ NO
9	OTHER PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS	☐ YES	☐ NO
7	PROBLEMS WITH ACCESS TO HEALTH SERVICES	☐ YES	☐ NO
4	OCCUPATIONAL PROBLEMS	☐ YES	☐ NO
3	EDUCATIONAL PROBLEMS	☐ YES	☐ NO
6	HOUSING PROBLEMS	☐ YES	☐ NO
5	ECONOMIC PROBLEMS	☐ YES	☐ NO
8	PROBLEMS RELATED TO THE LEGAL SYSTEM / CRIME	☐ YES	☐ NO

AXIS V – GAF SCORE: *(ENTER 0 – 100)* [____]

DDaP Update/Discharge Form: 3-5-14 jg-ISD

Complete if applicable.

DISCHARGE

DISCHARGE DATE: _____ / _____ / _____

DISCHARGE REASON: *(check one box below)*		
41 ☐ AMA (AGAINST MEDICAL ADVICE)	42 ☐ LEFT AGAINST ADVICE
30 ☐ AWOL FOR INPATIENT ONLY	44 ☐ MOVED OUT OF AREA
40 ☐ CLIENT DISCONTINUED TX	46 ☐ NON COMPLIANCE WITH RULES
32 ☐ DEATH	96 ☐ OTHER
51 ☐ DISCHARGED TO NEW SERVICE (FACILITY CONCURS)	48 ☐ RECOVERY PLAN COMPLETED
34 ☐ EVALUATION ONLY	50 ☐ RELEASED BY COURT
36 ☐ INCARCERATED	97 ☐ UNKNOWN
38 ☐ IP DISCHARGE FOR IP MEDICAL TX	

PROVIDER SIGNATURE: _____

DATE: _____ / _____ / _____

PERIODIC ASSESSMENT

ASSESSMENT DATE: _____ / _____ / _____

EMPLOYMENT STATUS: *(check one box only)*		
30 ☐ EMPLOYMENT FULL TIME (in competitive employment)	46 ☐ NOT IN LABOR FORCE; retired
32 ☐ EMPLOYMENT PART TIME (in competitive employment)	48 ☐ NOT IN LABOR FORCE; SSI SSDI
34 ☐ UNEMPLOYMENT (looking for work in the past 30 days, or on a layoff)	50 ☐ NOT IN LABOR FORCE; Inmate of institution
36 ☐ PAID BUT NON-COMPETITIVE WORK (transitional employment programs)	52 ☐ NOT IN LABOR FORCE; other reason
38 ☐ PAID BUT NON-COMPETITIVE WORK (work inside the clubhouse or treatment agency, mobile work crews and consumer-run businesses)	96 ☐ OTHER
42 ☐ NOT IN LABOR FORCE; student enrolled in a school or job training program)	97 ☐ UNKNOWN
44 ☐ NOT IN LABOR FORCE; homemaker	

HIGHEST GRADE COMPLETED: Highest school grade completed by Client at the time of Assessment. *(Enter 0 – 32)* [ ] ☐ UNKNOWN

PERSONS DEPENDENT ON INCOME: *(Enter 1 – 15)* [ ]

MINORS DEPENDENT ON INCOME: *(Enter 0 – 14)* [ ]

PRINCIPAL SOURCE OF SUPPORT: *(check one box only)*				
0	☐	NONE	4 ☐	DISABILITY
1	☐	PUBLIC ASSISTANCE	96 ☐	OTHER
2	☐	RETIREMENT	97 ☐	UNKNOWN
3	☐	SALARY		

LIVING SITUATION: *(check one box only)*				
30	☐	PRIVATE RESIDENCE, client owns or holds lease	46 ☐	PSYCHIATRIC/SA/MEDICAL INPATIENT
32	☐	PRIVATE RESIDENCE, friend or relative owns the residence or holds lease.	48 ☐	CORRECTIONAL FACILITY
34	☐	SINGLE ROOM OCCUPANCY (Hotel, YMCA, Rooming House)	50 ☐	DOMESTIC VIOLENCE SHELTER
36	☐	PRIVATE RESIDENCE, Community agency owns or holds lease	52 ☐	HOMELESS SHELTER
38	☐	RESIDENTIAL CARE HOME / BOARD AND CARE	54 ☐	HOMELESS (including on street)
40	☐	CONGREGATE RESIDENTIAL CARE (24-hour supervision, group setting, services focus on MH, SA, &/or MR issues, Recovery House.)	96 ☐	OTHER
42	☐	CRISIS / RESPITE BED	97 ☐	UNKNOWN
44	☐	SKILLED NURSING FACILTY/ INTERMEDIATE CARE FACILTY/ NURSING HOME		

Was Client Homeless in the Last Six Months?   ☐ YES   ☐ NO   ☐ UNKNOWN

Number of Days in the Last 30 that client lived in a Controlled Environment?   *(Enter 0 – 30)* [   ]

Number of Arrests in the Last 30 Days?   *(Enter 0 – 30)* [   ] ☐ UNKNOWN

SOCIAL SUPPORT VOLUNTARY: Number of Self-Help programs/meetings attended in last 30 days   *(Enter 0 – 90)* [   ] ☐ UNKNOWN

SOCIAL SUPPORT FAMILY/FRIENDS: Indicate whether or not Client interacted with Family/Friends supportive of recovery in the thirty days preceding assessment.   ☐ YES   ☐ NO   ☐ UNKNOWN

PERIODIC ASSESSMENT – SUBSTANCE USE

DRUG TYPE(S) used by clients *(Select Drug Type 1 - 5, as applicable)*	DRUG TYPE 1 Primary	DRUG TYPE 2 Secondary	DRUG TYPE 3 Tertiary	DRUG TYPE 4	DRUG TYPE 5
0 NONE	☐				
01 AMPHETAMINES	☐	☐	☐	☐	☐
02 ALCOHOL	☐	☐	☐	☐	☐
03 BARBITUATES	☐	☐	☐	☐	☐
04 BENZODIAZEPINES	☐	☐	☐	☐	☐
05 COCAINE	☐	☐	☐	☐	☐
06 CRACK	☐	☐	☐	☐	☐
07 HALLUCINOGENS: LSD, DMS, STP, etc.	☐	☐	☐	☐	☐
08 HEROIN	☐	☐	☐	☐	☐
09 INHALANTS	☐	☐	☐	☐	☐
10 MARIJUANA, HASHISH, THC	☐	☐	☐	☐	☐
11 METHAMPHETAMINES	☐	☐	☐	☐	☐
12 NON-PRESCRIPTIVE METHADONE	☐	☐	☐	☐	☐
13 OTHER OPIATES AND SYNTHETICS	☐	☐	☐	☐	☐
14 OTHER SEDATIVES OR HYPNOTICS	☐	☐	☐	☐	☐
15 OTHER STIMULANTS	☐	☐	☐	☐	☐
16 OVER-THE-COUNTER	☐	☐	☐	☐	☐
17 PCP	☐	☐	☐	☐	☐
18 TRANQUELIZERS	☐	☐	☐	☐	☐
96 OTHER	☐	☐	☐	☐	☐
97 UNKNOWN	☐				

DRUG METHOD USE FIELD 1: *(Complete based on corresponding DRUG TYPE 1 selected, except 0 & 97.)*

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 1:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 1 field?   *(Enter 0 – 30)*   ☐

AGE FIRST USED FIELD 1:

Age at which the client used the Drug specified in the Drug Type 1 field?   *(Enter Age)*   ☐

DDaP Update/Discharge Form: 3-5-14 jg-ISD

DRUG METHOD USE FIELD 2: *(Complete based on corresponding DRUG TYPE 2 selected, except 0 & 97.)*

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 2:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 2 field?   *(Enter 0 – 30)*   ☐

AGE FIRST USED FIELD 2:

Age at which the client used the Drug specified in the Drug Type 2 field?   *(Enter Age)*   ☐

DRUG METHOD USE FIELD 3: *(Complete based on corresponding DRUG TYPE 3 selected, except 0 & 97.)*

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 3:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 3 field?   *(Enter 0 – 30)*   ☐

AGE FIRST USED FIELD 3:

Age at which the client used the Drug specified in the Drug Type 3 field?   *(Enter Age)*   ☐

DRUG METHOD USE FIELD 4: *(Complete based on corresponding DRUG TYPE 4 selected, except 0, 97.)*

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 4:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 4 field?   *(Enter 0 – 30)*   ☐

AGE FIRST USED FIELD 4:

Age at which the client used the Drug specified in the Drug Type 4 field?   *(Enter Age)*   ☐

DRUG METHOD USE FIELD 5: *(Complete based on corresponding DRUG TYPE 5 selected, except 0 & 97.)*

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 5:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 5 field?   *(Enter 0 – 30)*   ☐

AGE FIRST USED FIELD 5:

Age at which the client used the Drug specified in the Drug Type 5 field?   *(Enter Age)*   ☐