



DELAWARE DIVISION OF SUBSTANCE ABUSE  
AND MENTAL HEALTH

CONSUMER REPORTING FORM  
DETOX DISCHARGE REPORT

PAGE 1 OF 1

ADMISSION DATE					
		/		/	

DATE OF FIRST TREATMENT					
		/		/	

DATE OF LAST TREATMENT					
		/		/	

DISCONTINUATION DATE					
		/		/	

TREATMENT UNIT NAME \_\_\_\_\_

TREATMENT UNIT ID # \_\_\_\_\_

LAST NAME \_\_\_\_\_

MCI # **0 0 0** \_\_\_\_\_

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

SUBSTANCE ABUSE - DSM IV DIAGNOSIS (DESIGNATED CODES ONLY)

AXIS 1: CLINICAL DISORDERS

CODE 

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CODE 

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CODE 

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SEE DSM IV MANUAL

USE THESE CODES IN THE AXIS I BOXES ABOVE

AD / SA Diagnostic Codes

DSM IV, Axis I Clinical Codes

	INTOXICATION	WITHDRAWAL	ABUSE	DEPENDENCE
ALCOHOL	303.00	291.81	305.00	303.90
AMPHETAMINE	292.89	292.0	305.70	304.40
CANNABIS	292.89	--	305.20	304.30
COCAINE	292.89	292.0	305.60	304.20
HALLUCINOGEN	292.89	--	305.30	304.50
INHALANT	292.89	--	305.90	304.60
OPIOID	292.89	292.0	305.50	304.00
PHENCYCLIDINE	292.89	--	305.90	304.90
SEDATIVE, HYPNOTIC & ANXIOLYTIC	292.89	292.0	305.40	304.10
POLYSUBSTANCE	--	292.0	--	304.80
OTHER (UNKNOWN)	292.89	292.0	305.90	304.90

DISCONTINUATION REASON

- G PROGRAM COMPLETED HERE - ALL GOALS
- S PROGRAM COMPLETED HERE - SOME GOALS
- E ELIGIBILITY LAPSED
- D CONSUMER DIED
- F FAILED TO MEET CRITERIA
- A ADMIN. DISCONTINUATION/ LOST CONTACT
- C CORRECTION/JAIL
- R REFUSED SERVICE
- T TX CONT. OTHER PROGRAM
- O OTHER
- U UNKNOWN

FUNCTIONING IMPROVED

- Y Yes  U UNKNOWN
- N No

DRUG DEPENDENCE REDUCED

- Y Yes  U UNKNOWN
- N No
- X NOT APPLICABLE

PRIMARY DESTIN./AGENCY CODE

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- T TRANSFERRED
- R REFERRED
- A ADVISED FURTHER SERVICE
- N NO MORE SERVICES ADVISED
- U UNKNOWN

SECOND. DESTIN./AGENCY CODE

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- T TRANSFERRED
- R REFERRED
- A ADVISED FURTHER SERVICE
- N NO MORE SERVICES ADVISED
- U UNKNOWN

TERTIARY DESTIN./AGENCY CODE

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- T TRANSFERRED
- R REFERRED
- A ADVISED FURTHER SERVICE
- N NO MORE SERVICES ADVISED
- U UNKNOWN

PERSON COMPLETING FORM \_\_\_\_\_

ID NUMBER

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DATE OF COMPLETION

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