Business Psychology Associates
Client Services Discharge (CSD) Form

Please refer to "SUD-CSD Instructions_rev-Dec2009.pdf" for assistance with completing this form.

Section A: Demographics

1. Agency Name & Site:_____

2. Client Name:_____ 3. Client ID#:_____4. Date of Birth:_____

5. Current Client Phone#s (Mobile, Home & Work):_____

_____

6. Collateral Contact (Name, Title & Phone#):_____

Section B: Non-Clinical Discharge Questions

7. Service/s Being Discontinued:_____

_____

8. Reason for Discharge:_____

(If "No Show" is chosen; refer to CSD instructions for further direction)

9. If Reason is "Other" Describe Reason:_____

10. Last Billable Date of Service Prior to Client's Discharge:_____

11. List all (if any) Continuing Services for the Client:_____

_____

Section C: Clinical Discharge Questions

Substance Involved & Frequency of Use

12a. Primary:_____ 12b. Frequency of Use:_____

13a. Secondary:_____ 13b. Frequency of Use:_____

14a. Tertiary:_____ 14b. Frequency of Use:_____

Client Status at Discharge

15. Living Arrangements: ☐ Homeless ☐ Independent Living ☐ Dependent Living (check only one)

16. Employment Status code (refer to SUD-Discharge & Transfer Key):_____

17. Number of Arrests in the 30 Days Prior to Discharge:_____

18. DSM IV Diagnosis Code at Discharge:_____

**Note: This Form is a Discontinuation of Service Authorization "Only". (This form does not replace the Discharge Summary requirements per IDAPA 16.06.03.)

Section D

19. Provider Name & Title:_____

(please print)

20. Provider Signature:_____ 21. Date:_____