8-507 COURT ORDERED COMMITMENT

DISCHARGE REPORT

*This form is due, within 48 hours of consumer discharge BHA Justice Services at mdh.bhajstxproviders@maryland.gov*

DATE OF DISCHARGE: MM/DD/YR

CONSUMER INFORMATION

|  |  |  |
| --- | --- | --- |
| NAME:  |  DOB:  | AGE:  |
| RACE:  | GENDER:  | SID #:  |

COURT INFORMATION

|  |  |  |
| --- | --- | --- |
| COURT:  | JUDGE:  | NEXT HEARING DATE:  |
| CASE #:  | CASE #:  | CASE #:  |
| LEGAL STATUS: |

**SOMATIC HEALTH INFORMATION**

|  |  |
| --- | --- |
| CONDITION(S):  | MEDICATION(S):  |
| ALLERGIES:  |

**MEDICATION-ASSISTED TREATMENT INFORMATION**

|  |  |
| --- | --- |
| MEDICATION:  | HOME CLINIC:  |

**RESIDENTIAL PROVIDER INFORMATION**

|  |
| --- |
| PROGRAM NAME:  |
| ADDRESS:  | PHONE:  |
| ASAM LEVEL OF CARE: | ADMISSION DATE: |

**DISCHARGE DISPOSITION**

**[ ]** Successful Discharge *(Completed Treatment Episode. Approved discharge plan.)*

 Summary of Discharge Plan:

 Consumer Address:       Consumer Phone:

**[ ]** Unsuccessful Discharge *(Incomplete Treatment Episode. Unapproved or No Discharge Plan.)*

Summary ofCircumstances Surrounding Discharge:

ConsumerAddress:       Consumer Phone:

**TREATMENT COMPLIANCE**

*Input the date of the consumer’s last treatment sessions, results of positive urinalysis (if applicable), and any medication adjustments (if applicable) prior to discharge.*

Individual Counseling Session:       Group Counseling Session:

Urinalysis Screen:       Results:

Individual Therapy Session:       Group Therapy Session:

Psychiatry Session:       Medication Adjustments: **[ ]** No **[ ]** Yes to

Counselor Signature Date

Supervisor Signature Date