Prevention Counseling Discharge & Case Summary Form
2016-2017

Directions: ***1.*** Complete page 1 and 2. ***2.*** Submit a copy of page 1 with monthly stats (by the 3rd of the month following the last individual or group counseling session) ***3.*** Place original in case record.

Month_____ **Counselor**_____

Target Population: (***Circle ONE)*** Abusers Both Abuser COSAP COSAPs

Location: | **Participant Identifier Code:** _____ _____ _____ _____ _____ _____ _____

Gender: ☐ Male ☐ Female Grade: _____ Race Code): _____

(1) White or European (2) African American or Black (3) Asian or Asian American (4) American Indian/Alaska Native (5) Native Hawaiian or Other Pacific Island (6) Multi-racial (7) Other

Circle One: Hispanic/Latino OR Not Hispanic/Latino

Date of Discharge (*last face-to-face contact must be within 30 calendar days)*: ___ ___/___ ___/___ ___ ___ ___

Reason for Discharge

☐ **Service Plan Completed** – Accomplished All/Most Objectives

☐ **Service Plan Not Completed** Participant Received Maximum Benefit

Service Plan Not Completed ... due to:

1. ☐ Extended Illness
2. ☐ Transfer out of school district/building
3. ☐ Disruptive behavior / non-compliance with Service Plan
4. ☐ Active refusal of services
5. ☐ No face-to-face contact in past 30 calendar days

Total # of Sessions (Do not include Assessment Session)

Total # of Group Sessions:

Total # of Family Sessions for Cases (Parent/Guardian involved in any session)**:**

Referral Service Type: (*Select all that apply)*

☐ Substance Abuse Treatment
☐ Problem Gambling Treatment
☐ Mental Health / Dev. Disability
☐ Educational / Vocational
☐ Health Care
☐ Communicable Disease (e.g., HIV and AIDS)
☐ Family Counseling
☐ Other Substance Abuse Prevention Services *(Specify)*
_____
☐ Other *(Specify):*
_____

ALCOHOL, DRUG, TOBACCO USAGE & GAMBLING OCCURRENCE: (Select all that apply)

NUMBER OF DAYS OF USE WITHIN PAST 30 DAYS

○ **Alcohol**	# Days:_____	○ **OTC Cough/Cold Medicines**	# Days:_____
○ **Binge Drinking***	# Days:_____	○ **OTC Stimulants**	# Days:_____
○ **Cocaine**	# Days:_____	○ **Prescription Pain Meds**	# Days:_____
○ **Crack**	# Days:_____	(not prescribed)	
○ **Ecstasy** (MDMA)	# Days:_____	○ **Other Prescription Drugs**	# Days:_____
○ **Heroin**	# Days:_____	(not prescribed: *e.g.*, tranquilizers, sedatives, stimulants)	
○ **Inhalants**	# Days:_____	○ **Other** (specify)	# Days:_____
○ **LSD** (or other Hallucinogen)	# Days:_____	_____	
○ **Marijuana/Hashish**	# Days:_____		
○ **Tobacco/Nicotine**	# Days:_____	○ **Gambling**	# Days:_____

- Five or more drinks in one sitting for men, four or more for women within last 30 days (Young Adult Drinking, NIAAA, Alcohol Alert, Number 68, April 2006)

Data Entry Signature: _____ Date Entered: _____

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Participant Name/I.D. No.	**PRU No. and / or Site Name**	**Date of Discharge**
Discharge Summary		
Follow-Up (Within 90 days of case closing, unless case closed in June)		
Initial F/U Date:	**Contact Person**:	**Telephone No.**
Method: _____ (i.e. Telephone, face–to-face, etc.) **Status**:		

Prevention Counselor Signature: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____