

PG Net Discharge

Client Name: _____

DOB: _____

Discharge Date: _____

Discharge Type:

- | | |
|---|--|
| <input type="checkbox"/> Stopped Coming Against Medical Advice | |
| <input type="checkbox"/> Treatment Completed Successfully | |
| <input type="checkbox"/> Further Treatment Not Appropriate At This Time | |
| <input type="checkbox"/> Non-Compliance with Rules and Regulations | |
| <input type="checkbox"/> Client Refused Services | <input type="checkbox"/> Moved from Catchment Area |
| <input type="checkbox"/> No Transportation | <input type="checkbox"/> Conflicting Hours |
| <input type="checkbox"/> Evaluation Services Only | <input type="checkbox"/> Incarcerated |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Parent/Legal Guardian Withdrew Client |
| <input type="checkbox"/> Program Cuts or Program Closure | <input type="checkbox"/> Physical/Mental Illness |
| <input type="checkbox"/> Administratively Closed | |

Related Problem Areas

Bankruptcy: ☐ Yes ☐ No ☐ Unknown ☐ Decline

Financial: ☐ Yes ☐ No ☐ Unknown ☐ Decline

Legal: ☐ Yes ☐ No ☐ Unknown ☐ Decline

Suicide Threat:

☐ Thoughts ☐ Threat ☐ Plan ☐ Action/Behavior ☐ None

At the time of discharge, how satisfied was the client with each of the following?

(Can be answered by Client or Clinician perspective)

Life in General?

☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Refused to Answer

Overall Physical Health?

☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Refused to Answer

Overall Emotional Well-being?

☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Refused to Answer

Relationship with Spouse/Significant Other?

☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Refused to Answer

Occupational Well-being?

☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Refused to Answer

Intellectual Well-being?

☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Refused to Answer

Day to Day Living Environment?

☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Refused to Answer

Financial Well-being?

☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Refused to Answer

Social Well-being?

☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Refused to Answer

Spiritual Well-being?

☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Refused to Answer

Do you believe the client made improvement during treatment?

☐ Strongly Agree ☐ Agree ☐ Neither Agree or Disagree

☐ Disagree ☐ Strongly Disagree

Current Gambling Activity

Primary: Activity: Drop down

Venue: Drop down

Secondary: Activity: Drop down

Venue: Drop down

Informational: Activity: Drop down

Venue: Drop down

Informational: Activity: Drop down

Venue: Drop down

Diagnostic Impressions

Primary Diagnosis (Required): Drop down in PG Net

Secondary Diagnosis: Drop down

Informational Diagnosis: Drop down

Informational Diagnosis: Drop down

Ancillary Services Rendered: Check all that apply

☐ Physical Health ☐ Mental Health ☐ Other Addictions ☐ Dental ☐ Vision

☐ Education ☐ Employment ☐ Housing ☐ Emergency Clothing

☐ Food Stamps ☐ Insurance Enrollment ☐ Other

Discharge Referred To: Check all that apply

☐ None ☐ GEAR – Minimal Home-Based Intervention

☐ Problem Gambling Residential ☐ Gamblers Anonymous

☐ Other Community Recovery Group ☐ Other Community Recovery Services

☐ Peer Run Organization ☐ Private Practitioner ☐ SUD Outpatient

☐ MH Outpatient ☐ SUD Residential ☐ Problem Gambling Outpatient
☐ Other ☐ GamFin Financial Counseling ☐ Evive App

Treatment Discharge Information

Gambling Client

Client met their gambling goal at time of discharge

☐ Yes ☐ No ☐ Don't Know

Wellness/relapse prevention plan developed

☐ Yes ☐ No ☐ Don't Know

Client reduced or abstinent for 30 days

☐ Yes ☐ No ☐ Don't Know

Client's goal was to quit gambling

☐ Yes ☐ No ☐ Don't Know

Client's goal was to reduce their gambling

☐ Yes ☐ No ☐ Don't Know