

PG Net Discharge

Client Name: _____

DOB: _____

Discharge Date: _____

Discharge Type:

- Stopped Coming Against Medical Advice
- Treatment Completed Successfully
- Further Treatment Not Appropriate At This Time
- Non-Compliance with Rules and Regulations
- Client Refused Services
- Moved from Catchment Area
- No Transportation
- Conflicting Hours
- Evaluation Services Only
- Incarcerated
- Deceased
- Parent/Legal Guardian Withdrew Client
- Program Cuts or Program Closure
- Physical/Mental Illness
- 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:** EGM’s (VLTs), Cards, Sporting Events, Oregon Lottery Sports Betting, Keno, Scratch Its/Pull tabs/ Breakopens, Draw/Jackpot Games, Bingo, Table Games, Other, No Gambling in Last 30 Days

Venue: Drop down: OR Video Lottery Retailer, Casino/Indian Gaming Center, Restaurant, Grocery/Convenience Store, Internet, Card Room, Other, No Gambling in Last 30 Days

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