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: NoYes to

Counselor Signature Date

Supervisor Signature Date