DDAP-EFM-1305 Rev. 7-23

Gambling Discharge Treatment Form

One Penn Center, 5th Floor
2601 N. 3rd Street
Harrisburg, PA 17110
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AGENCY/ PROVIDER NAME: ______________________________

CONTRACT #: ______________________________ **CLIENT ID #:** ______________________________

SAP VENDOR#: ______________________________ **GENDER:** ☐ Male ☐ Female ☐ Other ____________

IS CLIENT A SIGNIFICANT OTHER OF A GAMBLER? ☐ Yes ☐ No

ADMISSION DATE: ____________ **DISCHARGE DATE:** ____________

TYPE OF RESIDENCE AT DISCHARGE: *(Check one)*

☐ Private Residence ☐ Homeless ☐ Other Group Residential Setting ☐ Unknown
☐ Child in Placement ☐ Institution *(e.g., hospital, jail)* ☐ Other *(specify)* ____________

EMPLOYMENT STATUS: *(Check all that apply)*

☐ Active Military ☐ Disabled ☐ Full-Time Unknown
☐ Part-Time or Seasonal ☐ Retired ☐ Self-employed
☐ Student ☐ Unemployed ☐ Other

DISCHARGE STATUS: *(Check one)*

☐ Completed Treatment: All Goals Met
☐ Completed Treatment: Half or More Goals Met
☐ Treatment Not Completed: Some Goals Met
☐ Treatment Not Completed: No Goals Met

DISCHARGE DISPOSITION: *(Check one)*

☐ Successfully completed treatment
☐ Left against clinical advice
☐ Client Relocated
☐ Dismissed due to non-compliance with program rules
☐ Client arrested/incarcerated
☐ Client's health prohibits attendance in treatment
☐ Client death
☐ Client no longer needs DDAP funding (remains in treatment)

REFERRALS: *(check all that apply)*

☐ None ☐ Gambling Inpatient/Residential Provider ☐ Financial counseling
☐ Int/Dev Disabilities Provider ☐ Gambling Outpatient Provider ☐ SAP/ EAP
☐ Other Health Care Provider ☐ Other Community Referral ☐ Other (specify): ____________
☐ GA/Gam-Anon ☐ D&A provider

NUMBER OF COUNSELING SESSIONS: Individual Sessions: ______ Group Sessions: ________

DURING THE PAST 30 DAYS:

- **What amount of money did you spend on a typical day of gambling?** $ ____________ n/a or unknown
- **How much time did you usually spend on a typical day of gambling?** ______ hours ______ minutes n/a or unknown
- **On how many days did you gamble?** ______ days n/a or unknown

HOW DOES THE CLIENT'S CURRENT GAMBLING PROBLEM COMPARE TO THE LEVEL OF GAMBLING AT ADMISSION?

☐ No Longer Gambling ☐ Reduced ☐ Same ☐ Worse ☐ Don't Know ☐ n/a (family member)