County of San Bernardino Behavioral Health
Alcohol & Drug Services

CLIENT EPISODE SUMMARY

Confidential Patient Information
See Welfare & Institution Code 5328

(Print Legibly)

Data Entry Initials: ☐

Client Number: ☐☐☐☐☐☐☐☐

Reporting Unit #: ☐☐☐☐☐☐

Client Name: Last _____ First _____ MI: _____

ADMINISTRATIVE DISCHARGE CLOSING

Screen 1

1 Discharge Date: Month ☐☐ Day ☐☐ Year ☐☐☐☐

2 Administrative Discharge Status: ☐☐

3 Client Pregnant During Treatment (Y/N/Z1): ☐☐

4 Substance Abuse Problem: Primary ☐☐ Secondary ☐☐ Tertiary ☐☐

Primary Drug Name:_____

Secondary Drug Name: _____

Enter Primary/Secondary Name if Problem Code =(3,4,6,7,11113,15,16,17,20,Z3)

ADMINISTRATIVE DISCHARGE JUSTIFICATION

Item 2 – Administrative Discharge Status Codes

14 Left before completion with satisfactory progress / Not Referred 16 Left before completion with unsatisfactory progress / Not Referred	17 Death 18 Incarceration

Item 4 - Substance Problem - Primary, Secondary

1 Heroin	6 Other Amphetamines	11 Other Hallucinogens	16 Inhalants	24 Other Club Drugs
2 Alcohol	7 Other Stimulants	12 Tranquilizers	17 Over the Counter	25 Oxycodone/Oxycontin
3 Barbiturates	8 Cocaine/Crack	13 Other Tranquilizers	21Other (inc tobacco)	Z1 Unknown
4 Other Seds/Hypnotics	9 Marijuana/Hashish	14 Non-Prescription Methadone	22 None	Z3 Other (specify)
5 Methamphetamines	10 PCP	15 Other Opiates and Synthetics	23 Ecstasy	

Z1 = Not Sure/Don't Know Z3 = Unknown