

Iowa's Integration Project (PIPBHC) Client Discharge Notification Form

****This should be submitted to IDPH within 7 days of the NOM's Discharge****

Date: _____ Agency: _____

Name of staff member completing form: _____

Treatment Discharge Date¹: _____ Client ID Number: _____ (11 digits)

NOM's Discharge Date²: _____

Client Eligibility:			
Please select "Y" for Yes or "N" for No. If client does not want to answer or question is not applicable, please select NA. If answer is "Y" (yes), please include the ICD-10-CM code(s).			
Substance Use Disorder Diagnosis:	Y	N	NA
Mental Health Disorder Diagnosis:	Y	N	NA
Physical Health Diagnosis:	Y	N	NA

Client Information:			
Please select "Y" for Yes or "N" for No. If client does not want to answer or question is not applicable, please select NA. Please report on the following throughout PIPBHC involvement.			
During PIPBHC involvement, has client participated in supportive housing or independent living?	Y	N	NA
During PIPBHC involvement, has client been involved with the criminal justice system?	Y	N	NA
During PIPBHC involvement, has client attended social and rehabilitative programs?	Y	N	NA
During PIPBHC involvement, has client participated in job training opportunities?	Y	N	NA
If client is currently working, does the client report satisfactory performance in current work setting?	Y	N	NA
During PIPBHC involvement, did client participate in wellness related education and programming (i.e. smoking cessation, nutrition, etc.) offered by PIPBHC?	Y	N	NA
During PIPBHC involvement, was the client hospitalized? If so, for what reason, and for how long was the client hospitalized?	Y	N	NA

Client Information:	
Please select "Y" for always or almost always, "M" for half or close to half of the time and "N" for no or almost never. If client does not want to answer or question is not applicable, please select NA.	
During PIPBHC involvement, did client attend scheduled medical and behavioral health appointments?	Y (always or almost always) M (half of the time) N (no or almost never) NA
During PIPBHC involvement, was client compliant with prescribed medication regimens?	Y (always or almost always) M (half of the time) N (no or almost never) NA

¹ This date should match the **Treatment Discharge Date** (when client was discharged from treatment). If still in treatment, write "in treatment."

² This date should match the **NOM's Administrative Discharge or the Discharge Interview Date**.

Outcome at Time of Discharge:

If able to complete a Clinical Discharge Interview, please enter information for each of the behavioral health screenings below. If client was Administratively Discharged, please write NA.

PHQ-9:	
ACES:	
GADS-7:	
PC-PTSD:	

Number of Appointments Scheduled and Sessions Attended:

Appointments Scheduled: Recovery Peer Coach _____ Mental Health: _____ Primary Care: _____ SUD Services: _____

Sessions Attended: Recovery Peer Coach _____ Mental Health: _____ Primary Care: _____ SUD Services: _____

Optional: IDPH will only be looking at PHI data in SPARS.

Systolic Blood Pressure	Diastolic Blood Pressure	Weight	Height	Waist Circumference	BMI
_____ mmHg	_____ mmHg	_____ kg	_____ cm	_____ cm	_____ ppm
Fasting Plasma Glucose or HgBA1c	Total Cholesterol	HDL Cholesterol	LDL Cholesterol	Triglycerides	Breath CO for smoking status
_____ mg/dL Or _____ %	_____ mg/dL	_____ mg/dL	_____ mg/dL	_____ mg/dL	_____ ppm