



## Peterborough HCRT Discharge Form

|  |  |  |                       |
|--|--|--|-----------------------|
| <b>Intake Date:</b>  |  | <b>Discharge Date:</b>   |                       |
| <b>First Name:</b>   |  | <b>Last Name:</b>  |                       |
| <b>Nickname or AKA (if one):</b>   |  | <b>Gender Identity:</b>  |                       |
| <b>Date of Birth: year/month/day</b>   |  | <b>Income:</b><br><input type="checkbox"/> OW <input type="checkbox"/> ODSP <input type="checkbox"/> EI <input type="checkbox"/> OAS CPP <input type="checkbox"/> Other: |                       |
| <input type="checkbox"/> VI SPDAT <input type="checkbox"/> Full SPDAT<br><b>Score on Discharge:</b>  | <b>Mental Illness</b> <input type="checkbox"/> YES <input type="checkbox"/> NO                 |  | <b>Diagnosis:</b>     |
|  | <b>Substance Use</b> <input type="checkbox"/> YES <input type="checkbox"/> NO                  |  | <b>Substance:</b>     |
|  | <b>Physical Health Conditions:</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | <b>Family Doctor:</b> |
| <b>Housed:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |                       |
| <b>If housed – moved from where:</b> <input type="checkbox"/> Shelter <input type="checkbox"/> Outside <input type="checkbox"/> Hospital <input type="checkbox"/> Jail <input type="checkbox"/> Couch Surfing  |  |  |                       |
| <b>Type of Housing:</b><br><input type="checkbox"/> Private Residence <input type="checkbox"/> Rooming House <input type="checkbox"/> Supportive Housing<br><input type="checkbox"/> Long Term Care <input type="checkbox"/> Family <input type="checkbox"/> ASH <input type="checkbox"/> Housing Now<br><input type="checkbox"/> Other: _____ |  |  |                       |
| <b>Support Type:</b>   |  |  |                       |
| <b>Rent Supplement:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   |  | <b>HCRT Trustee:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  |                       |
| <b>Reason for Discharge:</b><br><input type="checkbox"/> Service Completed <input type="checkbox"/> Client withdrew consent <input type="checkbox"/> Client not available <input type="checkbox"/> Death<br><b>Other:</b>  |  |  |                       |
| <b>Additional Details:</b>   |  |  |                       |