

53860

# PHLAG DISCHARGE FORM (PHDI)

Today's Date:  /  /   
MM DD YYYY

Date of Intake for PHLAG:  /  /   
MM DD YYYY

Date of PHLAG Discharge:  /  /   
MM DD YYYY

PHLAG SITE:

PHLAG GROUP:

PID#:

PHLAG Site: \_\_\_\_\_

Staff Member's Name: \_\_\_\_\_

Veteran's Name: \_\_\_\_\_  
(Last name, first initial) (Please print)

Veteran's last four digits of Social Security number: \_\_\_\_\_

## DISCHARGE STATUS

1. Why did the Veteran's participation in PHLAG end? (Choose only one)

- Successful completion of the program (e.g. obtained permanent housing)
- Successfully completed some components of the program.

Please explain:  CODE:

- Veteran transferred to another treatment program that is not participating in PHLAG
- Veteran left PHLAG by his/her own decision
- Veteran was discharged because of failure to comply with program requirements

Please explain:  CODE:

- Veteran was incarcerated
- Other:

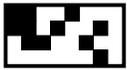
Please explain:  CODE:

- Missing

## PSYCHIATRIC DIAGNOSIS

2. Which of the following psychiatric diagnoses applied to this veteran during the course of his/her participation in PHLAG? (Choose one box for each item)

- |  |                          |                           |                               |
|--|--------------------------|---------------------------|-------------------------------|
| a. Alcohol dependency/abuse                  | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| b. Drug dependency/abuse                     | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| c. Schizophrenia                             | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| d. Other psychotic disorder                  | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| e. Anxiety disorder                          | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| f. Organic brain syndrome                    | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| g. Affective disorder (including depression) | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |



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- h. Bipolar disorder  No  Yes  Missing
- i. Adjustment disorder  No  Yes  Missing
- j. PTSD from Combat  No  Yes  Missing
- k. Personality disorder (DSM IV, Axis 2)  No  Yes  Missing
- l. Other psychiatric disorder  No  Yes  Missing
- m. None  No  Yes  Missing

**MEDICAL DIAGNOSIS**

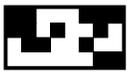
3. Which of the following medical diagnoses applied to this veteran during the course of his/her participation in PHLAG? (Choose one box for each item)

- a. Oral/dental pathology  No  Yes  Missing
- b. Eye disorder (other than corrective lenses)  No  Yes  Missing
- c. Hypertension  No  Yes  Missing
- d. Peripheral vascular disease  No  Yes  Missing
- e. Cardiac disease  No  Yes  Missing
- f. COPD (chronic obstructive pulmonary disease)  No  Yes  Missing
- g. Tuberculosis (TB)  No  Yes  Missing
- h. Gastrointestinal disease  No  Yes  Missing
- i. Liver disease  No  Yes  Missing
- j. Diabetes mellitus  No  Yes  Missing
- k. Seizure disorder  No  Yes  Missing
- l. Dementia  No  Yes  Missing
- m. Other neurological disease  No  Yes  Missing
- n. Anemia  No  Yes  Missing
- o. Orthopedic problems  No  Yes  Missing
- p. Malignancy  No  Yes  Missing
- q. Significant skin disorder  No  Yes  Missing
- r. Sexually transmitted disease  No  Yes  Missing
- s. Significant trauma  No  Yes  Missing
- t. Other  No  Yes  Missing

Specify:

CODE: 

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**LIVING SITUATION**

4. What is the Veteran's living situation at discharge? (Choose only one)

- Veteran's own apartment, room or house whether alone or shared
- Someone else's apartment, room or house as a temporary arrangement
- Hospital or nursing home (include detox centers with medical staff on site)
- VA Domiciliary
- VA sponsored residential treatment program (other than domiciliary)(e.g. HCHV, GPD, lodger bed, PR RTP)
- Non-VA halfway house program
- Hotel, single room occupancy (SRO), boarding home
- Shelter for the homeless (include detox centers without medical staff on-site)
- Outdoors, abandoned building, automobile, truck, boat etc
- Prison, jail
- Other Specify:  CODE:
- Unknown
- Missing

**EMPLOYMENT STATUS**

5. What is the Veteran's employment status at discharge? (Choose only one)

- Full-time (40 hrs/wk)
- Part-time (reg.hrs.)
- Part-time (irregular day jobs)
- VA's IWT
- CWT/TWE
- CWT/SE
- Vocational training/unpaid volunteer
- Service
- Student
- Retired/disabled
- Unemployed
- Missing

6. How many days did the Veteran work for pay in the past 30 days?   Missing



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**INCOME**

7. Does the Veteran receive any of the following kinds of public financial support? (Choose one box for each item)

- a. Service connected/psychiatry  No  Yes  Missing  
 7.a.1. if yes, what percent? [ ] [ ] [ ] %  Missing
- b. Service connected/other  No  Yes  Missing  
 7.b.1. if yes, what percent? [ ] [ ] [ ] %  Missing
- c. Receives NSC pension  No  Yes  Missing
- d. Non-VA disability, e.g. SSDI (Social Security Disability Insurance)  No  Yes  Missing
- e. SSI (Supplemental Security Income)  No  Yes  Missing
- f. Workman's compensation  No  Yes  Missing
- g. Other disability insurance  No  Yes  Missing
- h. Other pension/retirement (e.g. military pension, social security retirement)  No  Yes  Missing
- i. Other public support  No  Yes  Missing

8. How much money did the Veteran receive in the past 30 days (include all sources of income: work, disability payments, panhandling, plasma donations etc.) (Choose only one)

- No income at all  \$500-\$999
- \$1-\$49  More than \$1000
- \$50-\$99  Missing
- \$100-\$499

**CHANGES IN STATUS**

9. Consider the following clinical areas and select the description that best reflects changes that occurred from intake until discharge from PHLAG. If item was not a problem area for the Veteran, choose "not applicable (Choose one box for each item)

- a. Personal hygiene  NA  Unchanged/Deteriorated  Improved  Missing
- b. Alcohol problems  NA  Unchanged/Deteriorated  Improved  Missing
- c. Drug problems  NA  Unchanged/Deteriorated  Improved  Missing
- d. Psychotic symptoms  NA  Unchanged/Deteriorated  Improved  Missing
- e. Mental health (other than psychosis)  NA  Unchanged/Deteriorated  Improved  Missing
- f. Medical problems  NA  Unchanged/Deteriorated  Improved  Missing
- g. Relationships with family and friends  NA  Unchanged/Deteriorated  Improved  Missing
- h. Employment/vocational situation  NA  Unchanged/Deteriorated  Improved  Missing
- i. Housing situation  NA  Unchanged/Deteriorated  Improved  Missing
- j. Financial status  NA  Unchanged/Deteriorated  Improved  Missing



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PID #:

**PROGRAM PARTICIPATION**

10. Select the one choice that best describes the veteran's overall participation in the PHLAG program. (Choose only one)

- Veteran did not participate at all, made very little or no use of the program
- Veteran participated a little, made minimal use of the program
- Veteran participated some, made moderate use of the program
- Veteran participated very actively, made extensive use of the program
- Other / Comments:

CODE:

- Missing

11. IF the veteran participated less than expected, what factors do you think impeded his/her full participation?  
(Choose one box for each item)

- |   |                          |                           |                               |
|---|--------------------------|---------------------------|-------------------------------|
| a. Non/Applicable (Veteran participated as much as expected)        | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| b. Not interested in obtaining housing                              | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| c. Uncomfortable with or did not like the PHLAG program components  | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| d. Psychiatric problems impeded participation                       | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| e. Substance abuse impeded participation                            | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| f. Medical problems impeded participation                           | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| g. Transportation or other practical barriers impeded participation | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |
| h. Veteran seemed to want change yet undermined own efforts         | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing |