

NC-TOPPS

ADATC Episode Completion Interview

(for patients with length of stay less than 5 days)

****Use this form for backup only. Enter data into web-based system. (<https://nctopps.ncdmh.net/adatc.htm>)**

Clinician First Initial & Last Name

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Please provide the following information about the individual:

Consumer Record Number (HEARTS #)

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Date of Birth

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County of Residence: _____

Gender Assigned at Birth

Male Female

1. Please select the appropriate disability category for which the individual is receiving services and supports. (mark only one)

- Substance Abuse
 Mental Health/Substance Abuse

2. Please select the service(s) for which the individual received during this treatment episode. (mark only one)

- Crisis
 Inpatient Treatment
 Both

3. Type of Discharge: (mark only one)

- AA - Against Medical Advice Discharge (AMA)
 BP - Behavior Problem Discharge
 DC - Direct by Court Order
 DI - Direct Discharge to Inpatient Commitment
 DM - Direct Discharge to Medical Visit
 IL - Indirect Discharge from Leave
 DA - Direct with Approval
 PR - Personal Reasons
 TD - Therapeutic Discharge
 TX - Permanent Transfer Out to Other State Facility

4. Date of Discharge

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5. Discharge Tailored Plan: _____

b. Discharge Tailored Plan Assigned Consumer Record Number

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6. Is the consent for a follow-up interview after discharge in the consumer's medical record?

Yes No

Enter data into web-based system:

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Do not mail this form