

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 Use Disorder
☐ Mental Health/Substance Use Disorder

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

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Do not mail this form