**Admission Transition Discharge (ATD)/Client ATD Form**

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| **Basic Client Information** | | | | | | | | | | | | | | | | | | | |
| **Client Name:** |  | | | | | | | | | | **DOB:** | |  | | | **PATID:** | |  | |
| **Admission Information:** | | | | | | | | | | | | | | | | | | | |
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| **Admission Date:** | |  | | | | |  | | | | | | | | | | | | |
| **Treatment Program:** | | | Individual Managed Care Provider Other: | | | | | | | | | | | | | | | | |
| **Admission Comments:** | | | | | | | | | | | | | | | | | | | |
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| **Discharge Information** | | | | | | | | | | | | | | | | | | | |
| **Discharge Date:** | |  | | | | | **Discharge Practitioner:** | | | | | | |  | | | | | |
| **Mutual Treatment Decision by Client and Provider** | | | | | | | | |  | | | | | | | | | | |
| **Discharge Reason:** (Must Select One) | | | | | | | | | | | | | | | | | | | |
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| **Discharge Comments:** | | | | | | | | | | | | | | | | | | | |
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| **Evidence Based Practice (EBP) Information:** | | | | | | | | | | | | | | | | | | | |
| **Evidence Based Start Date:** | | | |  | | | **Practitioner:** | | | | |  | | | | | | | |
| **Evidence Based Practice:** (Select One) | | | | | | | | | | | | | | | | | | | |
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| **Evidence Based End Date:** | | | |  | | | |  | | | | | | | | | | | |
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| Submitted by: | | | | | |  | | | | | | | | | | | Date: | |  |
| Email: | | | | | |  | | | | | | | | | | | | | |
| Phone: | | | | | |  | | | | | | | | | | | | | |