

West Slope Recovery, Inc.

EXIT/DISCHARGE BOOKKEEPING FORM

_____, _____
Exit Date Admission Date Client Name Client Log #

Address City State Zip Code

Date of Birth Social Security Number Primary Phone Number Secondary/Message #

DSM IV Code _____ Primary Counselor at Exit _____

Method of Payment at Exit _____ County _____

List any money owed by client at time of exit, (private pay, damages to property). (\$ _____)