

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). (\$0000.00)
