



State of Michigan
 Michigan Gaming Control Board
 Office of the Executive Director
 Horse Racing Section
 3062 W. Grand Blvd., L-700
 Detroit, MI 48202
 Phone: (313) 456-4100
 Fax: (313) 456-2864
 www.michigan.gov/mgcb

TERMINATION OF TREATMENT REPORT

Date Received at MGCB Horse Racing Section
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Instructions: This form is intended to be completed by an accredited substance abuse treatment provider to assist the Michigan Gaming Control Board, Office of the Executive Director, Horse Racing Section in determining the continued suitability for licensing of racing industry licensees with positive drug or alcohol tests. Recommendations will be used to help determine whether the client can be re-licensed currently with minimal risk of another violation or whether an extended program of treatment will be necessary prior to consideration for re-licensing. Please direct any questions to the Racing Operations Manager at (313) 456-4100.

Client's Name	Date of Birth
Counselor's Name	Counselor's Phone No.
Initial Contact Date	Last Contact Date
Reason for Discharge	
Recommendation for Treatment from Assessment	
Initial Diagnosis	
Identified Presenting Problem/Reason for Service	
Summary of Substance Use History, Treatment History and Family/Social History Related to Substance Use	
Goals, Objectives and Interventions from Treatment Plan (for those receiving services beyond an assessment)	

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Dates of all scheduled appointments, indicate missed (M), cancelled (C) and attended (A)

For all attended appointments, indicate type of service that was provided Individual (I), Group (G), Educational (E)

<p>Summary of Response to Treatment (Motivation, Cooperation, Goals/Objectives Achieved/Not Achieved, etc.)</p>
<p>Aftercare/Recovery Plan</p>
<p>Prognosis for Recovery and Other Recommendations</p>
<p>Discharge Diagnosis with Supporting DSM IV-TR Criteria</p>

Signature and Credentials of Counselor

Date Report Completed

<p>Waiver for Release of Information</p> <p>I authorize this treatment provider to release any information related to my treatment to the Michigan Gaming Control Board, Office of the Executive Director, Horse Racing Section for use in determining my continued suitability for licensing.</p> <p>_____ Client Signature</p>	<p>Upon completion, please mail this form to the attention of the Racing Operations Manager at the Michigan Gaming Control Board, Office of the Executive Director, Horse Racing Section at 3062 W. Grand Blvd, L-700, Detroit, MI 48202, Fax – (313) 456-2864.</p>
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