Network Provider Discharge Form

Consumer Name:
Consumer DOB:
Consumer MRN:

Discharge Date ________________ Provider Name ______________________________

Facility/Place of Service – Location (City) ________________ Group Name (if applicable) ________________

Legal Class at Discharge ☒ W60000 Voluntary

Residential Living Arrangement: *(check one response)*

☐ Adult Residential Facility	☐ Group Quarters	☐ Large Board & Care	☐ Satellite Housing
☐ Alcohol Abuse Facility	☐ Homeless - No Residence	☐ Lives alone	☐ Single Room
☐ Community Treatment Facility	☐ Homeless, No Identifiable Residence	☐ Lives with family	☐ Small Board & Care
☐ Crisis Residential Facility	☐ House or Apartment	☐ Lives with others	☐ Supported Housing
☐ Drug Abuse Facility	☐ House or Apt. with Supervision	☐ Lives with relatives	☐ Temporary Arrangement
☐ Foster Family Home	☐ House or Apt. with Support	☐ Other	☐ Unknown / Not Reported
☐ Group Home (Level 1-12 Child)	☐ Justice Related	☐ Res Tx Cnter (Level 13-14 Child)	

Substance Use: ☐ Yes ☐ No ☐ Unknown

SU ICD-10 Diagnosis Code: F

Discharge Reason:

☐ Completed Tx/Goals Reached/Referred	☐ Client Withdrew, AWOL, AMA, TX Goals partially met
☐ Completed Tx/Goals Not Reached/Referred	☐ Client Withdrew, AWOL, AMA, No Improvement
☐ Mutual Agreement - Treatment Goals partially met	☐ Client Deceased
☐ Mutual Agreement - Treatment Goals Not Met	☐ Client Moved Out of Area
	☐ Client incarcerated
	☐ Client Discharged, Administrative
	☐ Other

Employment Status: *(check one response)*

☐ Full time, 35 hours or more per week (comp)	☐ Volunteer Worker
☐ Part time, less than 35 hours per week (comp)	☐ Disabled
☐ Homemaker, Not Seeking Work	☐ Full time, 35 hours or more per week (non-comp)
☐ Unemployed, actively looking for work	☐ Homemaker, Seeking Work
☐ Other	☐ Part time, less than 35 hours per week (non-comp)
☐ Resident / Inmate of institution	☐ Student, Employed Part Time
☐ Retired	☐ Student, Part Time
☐ Student, Full Time	☐ Unemployed, not seeking wrk
☐ Unknown / Not Reported	☐ Full-time training
	☐ Part-time training

Discharge Status:

☐ Still a patient or expected to return	☐ AWOL	☐ Discharged/transferred to Acute Care Hospital or Psychiatric Health Facility (PHF)
☐ Discharged to home, self-care, foster care, shelter care	☐ Discharged/transferred to Residential/Board and Care (not locked, supervised living, no treatment)	☐ Discharged/transferred to State Hospital
☐ Unplanned discharge	☐ Discharged/transferred to Community Residential Treatment (not locked, custodial)	☐ Discharged or transferred to another short term hospital
☐ Discharged/transferred to Jail	☐ Discharged/transferred to Community Treatment Facility (locked, no nursing care)	☐ Discharged or transferred another type of institution
☐ Other	☐ Discharged/transferred to Skilled Nursing Facility/ Intermediate Care Facility (unlocked or locked)	☐ Left against medical advice
☐ Unknown / Not Reported		☐ Discharged/ transferred to medical unit
☐ Left against medical advice		
☐ Deceased		

Referred To: (may choose up to 3)

☐ Self	☐ Central County Children SVS	☐ East County Children's SVS	☐ School or College
☐ Mental Health Access Line	☐ Child Protective Services	☐ Jail	☐ West County Adult – El Portal OP
☐ Low Fee Mental Health Clinic	☐ Community Based Organization	☐ Juvenile Hall	☐ West County Children SVS
☐ Family	☐ Dept. Social Services – Foster	☐ Kaiser	☐ Other
☐ Central County Adult OP	☐ East County Adult OP	☐ Referral Data Missing/NA	

Beneficiary instructed by: (check all that apply) ☐ Phone ☐ Voice Mail ☐ In Person ☐ By Letter; that if Mental Health Services are needed in the future to: ☐ Call this Provider ☐ Call their Social Worker ☐ Call the Access Line @ 1-888-678-7277

TREATMENT SUMMARY / DISCHARGE PLAN / ADDITIONAL INFO:

ICD-10 Code:	F	**DSM5 Description:**	

Signature/License	Printed Name	Date