Discharge Form

Discharge Date

Facility Name  ID  Program Name  ID  Primary Service Provider  ID  Physician  ID

**Legal Class at Discharge**

- ☐ P13700 Incompetent to Stand Trial
- ☐ P13720 Incompetent to Stand Trial
- ☐ U99999 Unknown/Not Reported
- ☐ W51500 72 Hour Eval & Trtmnt Adult
- ☐ W52500 14 Day Intensive Treatment
- ☐ W52600 Additional 14 Day Hold
- ☐ W52700 Additional 30 Day Hold
- ☐ W53000 Additional 180 Day Hold
- ☐ W53500 Temp Conservatorship
- ☐ W53550 Perm Conservatorship
- ☐ W55850 72 Hour Eval & Trtmnt Child
- ☐ W60000 Voluntary
- ☐ W65000 Judicial Commitment DD
- ☐ W65500 Commitment of Minor DD Eval
- ☐ W99998 Other Involuntary Civil

**Residential Living Arrangement:** (check one response)

- ☐ Adult Residential Facility
- ☐ Alcohol Abuse Facility
- ☐ Community Treatment Facility
- ☐ Crisis Residential Facility
- ☐ Drug Abuse Facility
- ☐ Foster Family Home
- ☐ General Hospital
- ☐ Group Home (Level 1-12 Child)
- ☐ Group Quarters
- ☐ Homeless - No Residence
- ☐ Homeless, No Identifiable Residence
- ☐ House or Apartment

**Substance Abuse or Dependence Issue**

- ☐ Yes
- ☐ No
- ☐ Unknown

**SA Diagnosis:** __________________________

**Special Population:**

- ☐ Katie A
- ☐ KTA-ICC (non-CFC)

**Discharge Reason:**

- ☐ Completed Tx/Goals Reached/Referred
- ☐ Completed Tx/Goals Not Reached/Referred
- ☐ Mutual Agreement - Treatment Goals partially met
- ☐ Mutual Agreement - Treatment Goals Not Met
- ☐ Client Withdrew, AWOL, AMA, TX goals partially met
- ☐ Client Withdraw, AWOL, AMA, No Improvement
- ☐ Client Deceased
- ☐ 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)
- ☐ Part time, less than 35 hours per week (comp)
- ☐ Homemaker, Not Seeking Work
- ☐ Unemployed, actively looking for work
- ☐ Other
- ☐ Resident / Inmate of institution
- ☐ Retired
- ☐ Student, Full Time
- ☐ Unknown / Not Reported
- ☐ Volunteer Worker

- ☐ Disabled
- ☐ Full time, 35 hours or more per week (non-comp)
- ☐ Homemaker, Seeking Work
- ☐ Part time, less than 35 hours per week (non-comp)
- ☐ Student, Employed Part Time
- ☐ Student, Part Time
- ☐ Unemployed, not seeking work
- ☐ Full-time training
- ☐ Part-time training
**Discharge Status:**

- [ ] Still a patient or expected to return
- [ ] 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 Community Residential Treatment (not locked, custodial)
- [ ] Discharged/transferred to Community Treatment Facility (locked, no nursing care)
- [ ] Discharged/transferred to Skilled Nursing Facility/Intermediate Care Facility (unlocked or locked)
- [ ] Discharged/transferred to Acute Care Hospital or Psychiatric Health Facility (PHF)
- [ ] Discharged/transferred to State Hospital
- [ ] Unplanned discharge
- [ ] Discharged/transferred to Jail
- [ ] Other
- [ ] Unknown / Not Reported
- [ ] Discharged or transferred to another short term hosp
- [ ] Discharged or transferred another type of institution
- [ ] Left against medical advice
- [ ] Discharged/ transferred to medical unit
- [ ] Deceased

**Referred To: (may choose up to 3)**

- [ ] SELF
- [ ] MENTAL HEALTH ACCESS LINE
- [ ] POLICE
- [ ] LOW FEE MENTAL HEALTH CLINIC
- [ ] FAMILY
- [ ] STAFF PROCEDURES
- [ ] MEDICAL EMERGENCY - MERRITHEW
- [ ] AMADOR INSTITUTE
- [ ] ANKA BEHAVIORAL HS CRISIS RES
- [ ] ANKA CENTRAL FSP
- [ ] BAY AREA COMMUNITY RESOURCES
- [ ] BOARD & CARE HOME NON-SB155
- [ ] CALIFORNIA SPECIALTY HOSPITAL
- [ ] CENTRAL COUNTY ADULT OP UR
- [ ] CENTRAL COUNTY CHILDREN SVC UR
- [ ] CHILD PROTECTIVE SERVICES
- [ ] CHILDREN'S GROUP HOME
- [ ] CHILDREN'S MH SPECIALITY PRGM
- [ ] COMMUNITY BASED ORGANIZATIONS
- [ ] COUNTY HEALTH CLINICS
- [ ] DELTA MEMORIAL HOSPITAL
- [ ] DEPT SOCIAL SERVICES - FOSTER
- [ ] DETENTION MH-MTZ
- [ ] DRUG ABUSE PROGRAM
- [ ] EARLY CHILDHOOD INFANT/PARENT
- [ ] EARLY CHILDHOOD MH - OUTPATINT
- [ ] EAST COUNTY CHILDREN'S SVC UR
- [ ] FORENSIC AOT
- [ ] FREMONT HOSPITAL
- [ ] HEAD START PROGRAM
- [ ] INPATIENT PSYCH - UNIT 4C
- [ ] JAIL/JUVENILE HALL
- [ ] JOHN MUIR MEDICAL CENTER
- [ ] JOHN SWETT SCHOOL DISTRICT
- [ ] JUVENILE HALL
- [ ] KAISER
- [ ] KATIE A
- [ ] MARTINEZ CRISIS STABILIZATION
- [ ] MEDICAL INPATIENT
- [ ] MEDICAL OUTPATIENT
- [ ] MENTAL HEALTH CARE MGMT UNIT
- [ ] MILLER WELLNESS CNT MOBILE RESPONSE TEAM
- [ ] MT DIABLO MEDICAL PAVILLION
- [ ] MT DIABLO MEDICAL PAVILLION
- [ ] MT DIABLO UNIFIED SCHOOL DIST
- [ ] MT DIABLO USD - WRAP SERVICES
- [ ] OTHER
- [ ] OTHER PSYCHIATRIC HOSPITAL
- [ ] OUT OF COUNTY - HOSPITAL
- [ ] PATHWAYS TO WELLNESS-ADULT MED
- [ ] PITTSBURG CLINIC ADULT OP UR
- [ ] PITTSBURG UNIFIED SCHOOL DIST
- [ ] PRIVATE PRACTICE (NON-MD)
- [ ] PRIVATE PSYCHIATRIST
- [ ] PROBATION DEPARTMENT
- [ ] PSYCHIATRIC EMERGENCY/NON-CCC
- [ ] PSYCHIATRIC OUTPATIENT
- [ ] REFFERAL DATA MISSING/ NA
- [ ] ROOM & BOARD
- [ ] SAN RAMON REGIONAL MED CENTER
- [ ] SCHOOL OR COLLEGE
- [ ] SHELTER - NON COUNTY
- [ ] SOCIAL SERVICES DEPT - EAST
- [ ] SUICIDE CRISIS PROGRAM
- [ ] TELECARE HOPE HOUSE CRISIS RES
- [ ] TRANSITIONAL SERVICES
- [ ] WEST CONTRA COSTA SCHOOL DIST
- [ ] WEST COUNTY ADULT - EL PORTAL
- [ ] WEST COUNTY CHILDREN SVC UR
- [ ] YOUTH SERVICES BUREAU

**ICD-10 Code:**

**DSM5 Description:**

Begin Date: __________________________

Begin Time: 12:00 am

Diagnosis by: __________________________

ID __________________________

Signature/License/Job Title __________________________ Date __________________________

Co-Signature/License (if applicable) __________________________

Print Name/Licensure/Designation __________________________ Date __________________________

Print Name/Licensure/Designation __________________________ Date __________________________

Data Entry Clerk Initials __________________________