



Behavioral Health Discharge Note

(Behavioral Health Inpatient and Psychiatric Medical Institute for Children [PMIC])

Please fax to **1-844-214-2469**.

Today's date:

Contact information

Member name:	Member ID #:	Member date of birth:
Name of facility:		Date of discharge:
Discharge phone number:	Other contact information (mobile phone, family member, or guardian)?	

ICD-10 discharge diagnoses (psychiatric, chemical dependency, and medical):

Psychiatric, chemical dependency (CD) diagnosis:

Medical diagnosis:

Was this discharge against medical advice (AMA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was discharge plan discussed with member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where will member be living after discharge?	<input type="checkbox"/> Home <input type="checkbox"/> Facility

If facility, please provide name, address, and type of facility:

Condition on discharge

Form submitted by:	Phone number of person submitting form:
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Aftercare appointments (One must be scheduled within seven days of discharge)

Service	Provider/Agency	Date/time	Phone number

If no appointment is scheduled within seven days of discharge, please provide reason:

Member choice
 None available
 Return to member's current provider

Other (please explain):

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Are there any other involved parties that require collaboration?

Involved party	Contact information
Child or adult protective agency:	
Justice system:	
School system:	
Other:	

Discharge medications (please include all mental health and medical)

Medication	Dose and frequency	Condition	Pre-certification obtained, if needed
Other medications:			