

Name  
Date of Review  
Date of Admission  
Date of Discharge  
Facility  
Facility UM Contact  
Status at Discharge  
Type of Discharge

Identifying Information: (Include current address/phone # if different from eligibility information)

Disposition Barriers/Interventions

Plan to Address Barriers

Medication at Discharge

Physical Health Issues

Follow-up/Aftercare Plans (include all referrals) Appt date & time/Contact/Case Management

If CTT/ICM/RC, level of involvement during inpatient stay

Living Situation/Housing Support/Family and Social Supports

Legal Issues

Relapse Plan:

Discharge Diagnosis:

Axis I

Axis II

Axis III

Axis IV

Axis V

Documentation of Specific Medical Necessity Criteria Used and Met (PCPC or ASAM)

Step-down precert to lower level of care if appropriate at this time

(Complete PCPC if person is transferring to another D/A level of care. Use PCPC criteria for admission for the next level of care where they are going. Follow guidelines for precert)