

Name
Date of Review
Date of Admission
Date of Discharge
Facility
Facility UM Contact
Commitment Status at Discharge/Type of Discharge
Identifying Information: (Include current address/phone # if different from eligibility information)

Current Mental Status/Readiness for Discharge/Aftercare Needs

Medication at Discharge

Physical Health Issues

Aftercare Appointment Date & Time/Contact

Coordination with Aftercare Provider during IP stay

If CTT, ICM, Mobile Med involved, level of involvement during IP stay

If MISA, Follow-up Plans to Address Dual Issues (include all referrals)

Living Situation/Housing Support/Legal Issues

Family and Other Supports Involved with Transition Plan

Barriers to Transition Plan and Intervention/Plan to Address Barriers

Crisis Plan

Discharge Diagnosis: Per most recent DSM-IV-TR Manual

Axis I

Axis II

Axis III

Axis IV

Axis V

Documentation of Specific Medical Necessity Criteria Used and Met

Step-Down Precert to lower level of care if appropriate at this time