

Compliant with current medications: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical issues:	
Discharge barriers/cultural considerations:	
Services and providers the member will utilize upon discharge:	
Other clinical information: (also please feel free to attach any additional clinical information)	
Discharge date:	
Did the member attend a 510/513 (Bridge) appointment during the discharge process? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, the name of the staff conducting the 510/513:	
Date of the 510/513:	
Outpatient therapist:	Phone:
Date of next appointment:	Time of appointment:
Case manager (if applicable):	Phone:
Psychiatrist:	Phone:
Date of next appointment:	Time of appointment:
Does member have medication to last until psychiatrist's follow up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other follow up appointment: Name/type of provider:	Phone:
Date of next appointment:	Time of next appointment:
Medical provider/PCP:	Phone:
Discharge diagnosis:	Medications at discharge:
Discharge disposition/where will member be staying after discharge:	