



BEHAVIORAL HEALTH DISCHARGE CONSULTATION DOCUMENTATION

Please complete all information requested on this form. Fax to 1.866.535.6974

DISCHARGE CONSULTATION INFORMATION

Member Name _____ Member Phone: _____
 Member DOB _____ Parent / Guardian Name: _____
 Member ID # _____ Best Time to Reach Member/Parent/Guardian: _____
 Member Address _____ UM Name: _____
 Facility Name: _____ Emergency/Other Contact: _____
 Facility Fax Number: _____

Outpatient Therapist _____ Psychiatrist _____
 Outpatient Therapist Phone _____ Psychiatrist Phone _____
 Date of next appointment _____ Date of next appointment _____
 Case Manager (if applicable) _____
 Case Manager Phone _____ Does the member have medication to last until this follow-up? Yes No

Other follow-up appointments: _____

Name/Type of Provider: _____ Phone: _____

Date of next appointment: _____ Did member attend a 513 (Bridge appt. during the discharge process? Yes No

If yes, name of staff conducting the 513: _____

Phone: _____ Date of the 513: _____ Time of the 513: _____

*****All appointments following a discharge are required to be set within seven calendar days with a licensed behavioral clinician. Any appointments outside this time frame will need to be reported to the health plan to allow for assistance with the appropriate level of follow-up.*****

Medical Provider/PCP _____ Phone _____

My signature below certifies that I have agreed to release the information contained here to my PCP and behavioral health providers. My consent is voluntary, can be revoked in writing at any time, and will be used to assist with providing referrals, resources and support related to substance abuse treatment.

Current ICD Diagnosis

Primary _____

Secondary _____

Tertiary _____

Additional _____

Additional _____

Medication at discharge _____

Discharge Disposition/Where will member be staying after discharge? _____

Signature of Facility Staff

Signature of Member/Guardian

Date of Admission/Discharge

Time of Discharge

SUBMIT TO
Utilization Management Department
 Phone: 1.800.589.3186
 Fax: 1.866.535.6974