

**CARE COORDINATION DISCHARGE SUMMARY***(Must be completed within 30 days of the last face-to-face session)*

Patient Name:	Patient ID:	Admit Date:
Today's Date:	Date of Last Face-to-Face Session:	
Date was determined by reason # (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/>		
(1) Last Face-to-Face	(2) Discharge Data by Phone	(3) Last Service Accepted in Billing System
Patient's Discharge Plan:		
Reason for Discharge		
<input type="checkbox"/> Completed Program	<input type="checkbox"/> Non-Attendance	<input type="checkbox"/> Work/School Conflicts
<input type="checkbox"/> Incarceration	<input type="checkbox"/> Other Reason	
Patient's Prognosis		
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
<input type="checkbox"/> Guarded	<input type="checkbox"/> Poor	Discharge is <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
Was the patient advised of their Fair Hearing Rights if the discharge was involuntary? (Title 22, CCR, Section 51341.1 (p))		
<input type="checkbox"/> YES Date of NOA		<input type="checkbox"/> NO Reason:

NARRATIVE SUMMARY OF CARE COORDINATION SERVICES**(Summarizes patient barriers, care coordination services provided, and final outcomes) The narrative summary MUST include:**

Current Drug Usage	Legal Status/Criminal Activity	Vocational/Educational Achievements	Living Situation	Referrals/Transition
All components MUST BE ADDRESSED. If a component is Not Applicable (N/A) list it and state the component is not applicable. If this space is in sufficient for your summary please continue documenting on the back of the page.				
Current Drug Usage				
Legal Status/Criminal Activity				
Vocational/Educational Achievements				
Living Situation				
Referrals				
Transition to next Level of Care:				
Summary				

Patient's Comments

Completed by Print Name	Completed by Signature	Date
Supervisor Print Name	Supervisor Signature	Date