Reset

CARE COORDINATION DISCHARGE SUMMARY									
	) 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)									
(1) Last Face-to-Face (2) Discharge Data			arge Data	by Phone (3) Last Ser		ast Service	vice Accepted in Billing System		
Patient's Discharge Plan:									
Reason for Discharge									
Completed Program		□ Non-Attendance	U Work	School Conflicts	🗆 In	carceration		ther Reason	
Patient's Prognosi					1				
	Bood		Guarded			rge is 🗌 Volu		nvoluntary	
Was the patient advised of their Fair Hearing Rights if the discharge was involuntary? (Title 22, CCR, Section 51341.1 (p))									
□ YES Date of NOA □ NO Reason:									
NARRATIVE SUMMARY OF CARE COORDINATION SERVICES (Summarizes patient barriers, care coordination services provided, and final outcomes) The narrative summary MUST include:									
5 5 5						Living S	ituation	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		Compl	Completed by Signature		Da	Date			
Supervisor Print Name		Superv	Supervisor Signature		Da	Date			