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Behavioral Health Services

DISCHARGE PLANNING WORKSHEET

PATIENT IDENTIFICATION

	PRESENT	PLAN FOR DISCHARGE (including date of appointment)
OUTPATIENT PSYCHIATRIST		
OUTPATIENT CASE MANAGER		
OUTPATIENT CLINIC FOLLOW-UP		
PRESCRIPTION BENEFIT		
HEALTH INSURANCE (i.e., Medicaid application status)		
FOOD		
HOUSING (incl. recommendation for appropriate placement)		
SOURCE OF FINANCIAL SUPPORT (i.e., income, family)		

PART OF THE MEDICAL RECORD