

Behavioral Health CareConnection®
Data Collection Form: Discharge

Member Name: _____

Member ID: _____

Discharge Type and Plan

Type Of Discharge: Planned, Services Complete
 Unplanned*

*If "Unplanned", enter type of unplanned discharge:

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Against Medical Advice | <input type="checkbox"/> Services Not Initiated by Member |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Did Not Follow Treatment Recommendations | <input type="checkbox"/> Lack of Participation/Missed Appts |
| <input type="checkbox"/> Geographic Relocation | <input type="checkbox"/> Aged Out | <input type="checkbox"/> Corrections/Jail |
| <input type="checkbox"/> Member Requested | | |

Last Date of Services Provided: _____

Recommended Plan: No Further Services Needed
 Referred to Less Intensive Service
 Referred to More Intensive Service
 Referred to Same Level of Care - Different Provider
 No Plan Developed

Service Outcome

Please identify the outcome achieved by your services:

<input type="checkbox"/>	Symptoms ameliorated/Treatment Goals Achieved
<input type="checkbox"/>	Symptom reduction/Return to Baseline Functioning
<input type="checkbox"/>	Progress achieved/Less Intensive Service Needed
<input type="checkbox"/>	Minimal Progress/Increasing Symptoms/Higher Level of Care Needed
<input type="checkbox"/>	Not Measurable due to Lack of Treatment Involvement

Discharge Discussion:
