Notice of Discharge
Inpatient Behavioral Health Hospitalization

Today's date: _____________Admission date: ________________ DC Date: ______________

Customer Name: ____

Customer ID# _________________________ Auth #:_____________________________________

DC Facility: ___________________________ DC Planner name: __________________________

Phone: ______________________________ Ext.__________

DISCHARGE PLANS:

DC Housing type: ____

(Home alone, home w/ family/friends, nursing home, personal care/boarding home, etc).

Is this a new living arrangement? ☐ Yes ☐ No **DC phone #: ____________________________**

DC address: ____

City: ____________________________ State: __________________________Zip: ________________

Aftercare Appointment (s)			
Provider Name	**Provider Type**	**Date**	**Time**
If no aftercare appointment is scheduled, please explain:			
Other discharge plan comments:			

Discharge Diagnoses (ICD-10 Codes)

Psychotropic Medications	**Dose**	**Frequency**

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