



## DISCHARGE CONSULTATION DOCUMENTATION

Please complete all information requested on this form. Fax to 1-866-698-6341.

### DISCHARGE CONSULTATION INFORMATION

Member Name \_\_\_\_\_ Member Phone: \_\_\_\_\_  
Member DOB \_\_\_\_\_ Parent / Guardian Name: \_\_\_\_\_  
Member ID # \_\_\_\_\_ Best Time to Reach Member/Parent/Guardian: \_\_\_\_\_  
Member Address \_\_\_\_\_ UM Name: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ Emergency/Other Contact: \_\_\_\_\_  
Facility Fax Number: \_\_\_\_\_

Outpatient Therapist \_\_\_\_\_ Psychiatrist \_\_\_\_\_  
Outpatient Therapist Phone \_\_\_\_\_ Psychiatrist Phone \_\_\_\_\_  
Date of next appointment \_\_\_\_\_ Date of next appointment \_\_\_\_\_  
Case Manager (if applicable) \_\_\_\_\_ Does the member have medication to last until this follow-up? Yes  No   
Case Manager Phone \_\_\_\_\_

Other follow-up appointments: \_\_\_\_\_  
Name/Type of Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of next appointment: \_\_\_\_\_

**\*\*\*All appointments following a discharge are required to be set within seven calendar days with a licensed behavioral clinician. Any appointments outside this time frame will need to be reported to Cenpatico to allow for assistance with the appropriate level of follow-up.**

Medical Provider/PCP \_\_\_\_\_ Phone \_\_\_\_\_  
Current ICD Diagnosis \_\_\_\_\_  
Primary \_\_\_\_\_  
Secondary \_\_\_\_\_  
Tertiary \_\_\_\_\_  
Additional \_\_\_\_\_  
Additional \_\_\_\_\_  
Medication at discharge \_\_\_\_\_  
Discharge Disposition/Where will member be staying after discharge? \_\_\_\_\_

\_\_\_\_\_  
Signature of Facility Staff

\_\_\_\_\_  
Signature of Member/Guardian

\_\_\_\_\_  
Date of Admission/Discharge

\_\_\_\_\_  
Time of Discharge

SUBMIT TO  
**Utilization Management Department**  
Phone: 1-1-866-595-8133 Fax: 1-866-698-6341