

Complete this form and attach it to the case in the e-referral system, in the Case Communication field.

**Facility name / location:**

**Contact phone:**

**Contact name:**

**Enrollee ID number:**

**Patient name:**

**Patient home address:**

**Patient phone:**

**Level of care discharged from:**

**Date of admission:**

**Date of discharge:**

**Discharge diagnosis:**

**Number of days / sessions attended:**

**Discharge medications:**

**If discharged to a location other than home, provide placement address and phone number:**

### Aftercare information

*Reminder: The first follow-up appointment must occur within 7 days of discharge.*

**Aftercare level of care:**  PHP  IOP  OP  SA  Other: \_\_\_\_\_

**Is first behavioral health follow-up appointment within 7 days of discharge?**  Yes  No

**If not, please explain why:**

**Date / time of first behavioral health follow-up appointment:**

**Provider / clinic name:**

**Location:**

**Provider / clinic phone:**

**Psychiatrist name:**

**Psychiatrist phone:**

**Psychiatrist appointment date / time:**

**Comorbid medical concerns / substance abuse concerns / follow up?**