



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: 1-844-677-7553 Fax: 1-866-698-6341