

Date of Discharge (mm/dd/yyyy)	
Reason for discharge (may pick multiple)	<ul style="list-style-type: none"> <input type="radio"/> Patient relocated (e.g. due to school, work, family) <input type="radio"/> Patient completed program, no longer needs “critical time” interventions. <input type="radio"/> Patient required higher level of service (e.g. ACT) <p><u>Reasons that need additional information (please provide details in the space below):</u></p> <ul style="list-style-type: none"> <input type="radio"/> Patient later determined to not meet program admission criteria (e.g. diagnosis changed). Please describe below. <input type="radio"/> Patient refused “critical time” interventions including loss to follow-up. Describe engagement and outreach efforts below. <input type="radio"/> Cost concerns. If yes, provide description of efforts to address patient’s concerns. <input type="radio"/> Death. If yes, provide details. <input type="radio"/> Incarcerated. If yes, provide details. <input type="radio"/> Other (please specify: _____)
Please provide additional details, if needed:	
Patient and team collaborated on discharge plan?	<input type="radio"/> Yes <input type="radio"/> No
Patient attended first appointment with new mental health service provider within 30 days of discharge?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown