Patient ID: Clinic: Date: 10/16/2020

Date of Discharge (mm/dd/yyyyy)	
Reason for discharge (may pick multiple)	 Patient relocated (e.g. due to school, work, family) Patient completed program, no longer needs "critical time" interventions. Patient required higher level of service (e.g. ACT) Reasons that need additional information (please provide details in the space below): Patient later determined to not meet program admission criteria (e.g. diagnosis changed). Please describe below. Patient refused "critical time" interventions including loss to follow-up. Describe engagement and outreach efforts below. Cost concerns. If yes, provide description of efforts to address patient's concerns. Death. If yes, provide details. Incarcerated. If yes, provide details. Other (please specify:
Please provide additional details, if needed:	
Patient and team collaborated on discharge plan?	o Yes o No
Patient attended first appointment with new mental health service provider within 30 days of discharge?	YesNoUnknown

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