

Patient ID: _____

Clinic: _____

Date: ____/____/____

DISCHARGE FORM

Date of discharge (mm/dd/yyyy):		
Reason(s) for discharge:		
<u>Clinic-initiated</u> : Client experienced functional and symptomatic recovery and has achieved their individual recovery & illness management goals.	<input type="radio"/> Yes	<input type="radio"/> No
<u>Clinic initiated</u> : Client experienced a disabling illness course, is clinically stable and is appropriate for usual care, and may benefit from programs designed for persons with chronic and disabling mental disorders (e.g., ACT, clubhouse programs).	<input type="radio"/> Yes	<input type="radio"/> No
<u>Clinic-initiated</u> : Client later determined to not meet program admission criteria (e.g., more extended evaluation revealed client did not have qualifying DSM diagnosis).	<input type="radio"/> Yes	<input type="radio"/> No
<u>Client-initiated</u> : Lost to follow-up. Client refused to schedule follow-up appointments or "no-showed" and did not respond to outreach efforts. <i>If yes, describe outreach efforts:</i>	<input type="radio"/> Yes	<input type="radio"/> No
<u>Client-initiated</u> : Relocated (e.g., due to school, work, family)	<input type="radio"/> Yes	<input type="radio"/> No
<u>Client-initiated</u> : Opted to receive treatment elsewhere. <i>If yes, described reasons client gave for seeking treatment elsewhere:</i>	<input type="radio"/> Yes	<input type="radio"/> No
Death	<input type="radio"/> Yes	<input type="radio"/> No
Incarceration	<input type="radio"/> Yes	<input type="radio"/> No
Other	<input type="radio"/> Yes	<input type="radio"/> No
Did the client and team collaborate on the discharge plan?	<input type="radio"/> Yes	<input type="radio"/> No