

**DISCHARGE CONSULTATION DOCUMENTATION**  
Please complete all information requested on this form. Fax to 1.866.535.6974

**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: \_\_\_\_\_

Does the member have medication to last until this follow-up?  Yes  No

**\*\*\*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 the health plan 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 \_\_\_\_\_

My signature below certifies that I have agreed to release the information contained here to my PCP and behavioral health providers. My consent is voluntary, can be revoked in writing at any time, and will be used to assist with providing referrals, resources and support related to substance abuse treatment.

\_\_\_\_\_  
Signature of Facility Staff

\_\_\_\_\_  
Signature of Member/Guardian

\_\_\_\_\_  
Date of Admission/Discharge

\_\_\_\_\_  
Time of Discharge

**SUBMIT TO**  
**Utilization Management Department**  
 12515-8 Research Blvd., Suite 400  
 Austin, Texas 78759  
 Phone: 1.866.534.5976  
**Fax: 1.866.535.6974**