

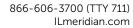
1333 Burr Ridge Parkway, Suite 100 Burr Ridge, IL 60527

Behavioral Health Discharge Transition of Care Form

Behavioral Health Care Coordination

Complete this form and fax it to Meridian and the member's PCP at the time of discharge.

Member Information	Acute Service Provider Information			
Member Name	Admitting Service Provider			
Member ID				
D.O.B	Admit Date	Discharge Date		
Member Discharge Demographics	DSM-5 Diagnosis			
Address	ICD-10 Code	e Diagnosis		
City State Zip				
Phone Number				
Check if any of the following apply upon discharge:				
Homelessness – lacks a fixed, regular and adequate nighttime residence.	Reason for Admit BH Status Upon Discharge Significant Medical History			
Imminent Risk of Homelessness – will imminently lose primary nighttime residence within 14 days or lacks the resources or support networks				
needed to obtain other permanent housing. High-Risk of Homelessness – has not had a lease, ownership interest or occupancy				
agreement in permanent housing during the last 60 days or had two or more moves during the preceding 60 days.	BH Appointment (within 30 days of discharge) Provider Name			
Medical Intervention, if Applicable	Provider Phone #			
		Appt. Time		
Primary Care Provider (PCP) Coordination	BH Appointment (v	within 7 days of discharge)		
PCP Name				
PCP Phone #				
PCP Fax #		Appt. Time		
Date last notified				
Faxed this form to PCP? Yes No	Clinic or Support Group Appointment (optional)			
If no, why?				
	Appt. Date	Appt. Time		





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Discharge Medication

Name	Dose	Quantity	Date	Meds	Script

Use additional forms if necessary. Please fax to Meridian's Behavioral Health department at 833-544-1827.