



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

866-606-3700 (TTY 711)  
ILmeridian.com

# 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

Member Name \_\_\_\_\_

Member ID \_\_\_\_\_

D.O.B. \_\_\_\_\_

### Member Discharge Demographics

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Check if any of the following apply upon discharge:

**Homelessness** – lacks a fixed, regular and adequate nighttime residence.

**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.

### Medical Intervention, if Applicable

\_\_\_\_\_

### Primary Care Provider (PCP) Coordination

PCP Name \_\_\_\_\_

PCP Phone # \_\_\_\_\_

PCP Fax # \_\_\_\_\_

Date last notified \_\_\_\_\_

Faxed this form to PCP? Yes No

If no, why? \_\_\_\_\_

### Acute Service Provider Information

Admitting Service Provider \_\_\_\_\_

Admit Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

### DSM-5 Diagnosis

ICD-10 Code	Diagnosis

### Reason for Admit

\_\_\_\_\_

### BH Status Upon Discharge

\_\_\_\_\_

### Significant Medical History

\_\_\_\_\_

### BH Appointment (within 30 days of discharge)

Provider Name \_\_\_\_\_

Provider Phone # \_\_\_\_\_

Appt. Date \_\_\_\_\_ Appt. Time \_\_\_\_\_

### BH Appointment (within 7 days of discharge)

Provider Name \_\_\_\_\_

Provider Phone # \_\_\_\_\_

Appt. Date \_\_\_\_\_ Appt. Time \_\_\_\_\_

### Clinic or Support Group Appointment (optional)

Agency Name \_\_\_\_\_

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.**