

Post Discharge

Following your recent discharge, we've scheduled a post-discharge visit to support your transition back to outpatient care. A member of our team will reach out within 2 business days to check in and review your care plan.

Who is completing this form? *

Myself (Patient) Parent/Guardian

DISCHARGE DETAILS

Facility Name: *

Facility Type: *

Hospital
(medical or
psychiatric) Observation stay
(Less than 24-hours)(RTC) Residential
 PHP/IOP Not Sure

Date of Admission *

Date of Discharge (if unknown, leave
blank)

CURRENT STATUS

Since discharge, how are you feeling?

*

Much better Somewhat
better About the same
 Worse

Any current safety concerns? *

Yes No

If yes, please describe:

Any thoughts of self-harm? *

Yes No Prefer not to
answer