Geisinger

Behavioral Health Discharge Form

Submit this form on the day of discharge by faxing the completed form and clinical documentation to **570-214-4539**.
If you have questions, call 888-839-7972.

Member information:

Name:

Health plan ID:

Date of birth: **Phone:**

Discharge information:

Admission date: **Discharge date:**

Practice/facility name:

Practice/facility case manager name: **Case manager phone:**

Discharged level of care: Choose an item.

- ◯ Inpatient Mental Health
- ◯ Residential Mental Health
- ◯ Inpatient Detox, Substance Use Disorder
- ◯ Residential Substance Use Disorder
- ◯ Mental Health Partial Hospitalization*
- ◯ Substance Use Disorder, Partial Hospitalization*
- ◯ Substance Use Disorder, Intensive Outpatient*
- ◯ Mental Health, Intensive Outpatient*
- ◯ Other:

Type of discharge: Choose an item.

◯ Routine/planned ◯ AMA ◯ Medical ◯ Administrative ◯ Other:

Discharge address:

Address type: Choose an item.

◯ Shelter ◯ Home ◯ ALF/PCH ◯ Nursing facility ◯ Friend ◯ Group home ◯ Other:

Member considered to be homeless: ◯ **Yes** ◯ **No**

Discharge diagnosis (ICD-10 code/DSM 5)**:**

Medication information:

Medication: Dosage: Frequency:

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Medication: Dosage: Frequency:

Aftercare appointments:

Member refused/left before coordination: ◯ Yes ◯ No

Medication management provider/office name:

Appointment date: Appointment time:

PCP/office name:

Appointment date: Appointment time:

OP therapy provider/office name:

Appointment date: Appointment time:

IOP/PHP provider/office name:

Appointment date: Appointment time:

Other provider/office name:

Appointment date: Appointment time:

Social determinants of health:

Is there access to transport for appointments and medications pick up? ◯ Yes ◯ No

If needed, was an application done for transport? ◯ Yes ◯ No

Is there food insecurity for the member? ◯ Yes ◯ No

Does the member have the financial means to obtain healthcare needs? ◯ Yes ◯ No

If the member has been scheduled for telehealth, do they have access to needed equipment? ◯ Yes ◯ No

Additional details: