

1-877-455-1053 fax 361-653-0432

BH Discharge Summary

Member Information				
Date of Admission	Days approved	Days Denied	Auth Number	Date of Discharge
Member Name (Last, First, MI)			Date of Birth	Member ID
Physical Address (Street, City, State, Zip No P.O. Boxes)			County	Phone Number
Parent /Guardian Name if a Minor		Relationship		Alt Number
Facility Information				
Facility Name				Phone Number
Address (Street, City, State, Zip No P.O. Boxes)				Fax Number
Follow up appointments				
<u>7 Day Follow Up Referral</u>				
Provider Name			Phone Number	
Physical Address (Street, City, State, Zip No P.O. Boxes)			Fax Number	
Appointment Date	Time	Instruction		
<u>30 Day Follow Up Referral</u>				
Provider Name			Phone Number	
Physical Address (Street, City, State, Zip No P.O. Boxes)			Fax Number	
Appointment Date	Time	Instruction		
Please contact Driscoll Health Plan Case Management Department for assistance in coordinating follow up appointments if needed at: (361) 694-6951 or toll free 1-877-222-2759				
Current DSM-IV Diagnosis		Medication	Dosage	Date issued
Axis I				
Axis II				
Axis III				
Axis IV				
Axis V (current)				
Highest level past year GAF				
Mental status upon Discharge:				