

## 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 <b>No P.O. Boxes</b> )			County	Phone Number
Parent /Guardian Name if a Minor		Relationship		Alt Number
Facility Information				
Facility Name				Phone Number
Address (Street, City, State, Zip <b>No P.O. Boxes</b> )				Fax Number
Follow-up appointments				
<u>7-Day Follow-Up Referral</u>				
Provider Name			Phone Number	
Physical Address (Street, City, State, Zip <b>No P.O. Boxes</b> )			Fax Number	
<b>Appointment Date</b>	<b>Time</b>	<b>Instruction</b>		
<u>30-Day Follow-Up Referral</u>				
Provider Name			Phone Number	
Physical Address (Street, City, State, Zip <b>No P.O. Boxes</b> )			Fax Number	
<b>Appointment Date</b>	<b>Time</b>	<b>Instruction</b>		
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	
<b>Axis I</b>				
<b>Axis II</b>				
<b>Axis III</b>				
<b>Axis IV</b>				
<b>Axis V (current)</b>				
<b>Highest level past year GAF</b>				
<b>Mental status upon Discharge:</b>				

4525 Ayers St  
 Corpus Christi, TX 78415  
 1-877-455-1053 – Fax: 361-653-0432  
 Inpatient Fax: 1-833-808-2175