



## DISCHARGE CONSULTATION FORM

Please complete all information requested on this form. Fax to 1.877.689.1055

### DISCHARGE CONSULTATION INFORMATION

Member Name \_\_\_\_\_ Member Phone: \_\_\_\_\_  
 Member DOB \_\_\_\_\_ Parent / Guardian Name: \_\_\_\_\_  
 Member ID # \_\_\_\_\_ Best Time to Reach Member/Parent/Guardian: \_\_\_\_\_  
 Member Address \_\_\_\_\_ UM Name: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ Emergency/Other Contact: \_\_\_\_\_  
 Facility Fax Number: \_\_\_\_\_

Outpatient Therapist \_\_\_\_\_ Psychiatrist \_\_\_\_\_  
 Outpatient Therapist Phone \_\_\_\_\_ Psychiatrist Phone \_\_\_\_\_  
 Date of next appointment \_\_\_\_\_ Date of next appointment \_\_\_\_\_  
 Case Manager (if applicable) \_\_\_\_\_ Does the member have medication to last until this follow-up?  Yes  No  
 Case Manager Phone \_\_\_\_\_

Other follow-up appointments: \_\_\_\_\_  
 Name/Type of Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of next appointment: \_\_\_\_\_ Did member attend a 513 (Bridge appt. during the discharge process)?  Yes  No  
 If yes, name of staff conducting the 513: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date of the 513: \_\_\_\_\_ Time of the 513: \_\_\_\_\_

**\*\*\*All appointments following a discharge are required to be set within seven calendar days with a licensed behavioral clinician. Any appointments outside this time frame will need to be reported to Peach State Health Plan to allow for assistance with the appropriate level of follow-up.**

Medical Provider/PCP \_\_\_\_\_ Phone \_\_\_\_\_

#### Current ICD Diagnosis

Primary \_\_\_\_\_  
 Secondary \_\_\_\_\_  
 Tertiary \_\_\_\_\_  
 Additional \_\_\_\_\_  
 Additional \_\_\_\_\_

Medication at discharge \_\_\_\_\_

Discharge Disposition/Where will member be staying after discharge?

\_\_\_\_\_  
Signature of Facility Staff

\_\_\_\_\_  
Signature of Facility Staff

\_\_\_\_\_  
Date of Admission/Discharge

\_\_\_\_\_  
Date of Admission/Discharge

**SUBMIT TO**  
**Utilization Management Department**  
 1100 Circle 75 Parkway, Suite 1100  
 Atlanta, GA 30339  
 PHONE: 1.877.725.7748  
 FAX: 1.877.689.1055