

# DISCHARGE FORM

<b>Client Name</b>	<b>Client ID</b>
<b>Date of Birth</b>	<b>Discharge Date</b>
<b>Time of Discharge</b> (for CSU use only)	
<b>Service Coordinator</b>	

<b>Facility Name/ID</b>
<b>Program Name/ID</b>
<b>Clinician Name (PSP)</b>
<b>Physician Name</b>

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<b>Program Name/ID</b>
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<b>Physician Name</b>

<b>Facility Name/ID</b>
<b>Program Name/ID</b>
<b>Clinician Name (PSP)</b>
<b>Physician Name</b>

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<b>Referred out to (1)</b>
<b>Referred out to (2)</b>
<b>Referred out to (3)</b>

<b>Discharge Status</b>
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