



American Behavioral
AMERICAN BEHAVIORAL DISCHARGE INFORMATION FAX
 Telephone: (205) 871-7814
 Fax Completed Information To: (205) 868-9625

Today's Date:		Date of Admission:		Date of Discharge:	
Patient Name:			Patient DOB:		
Patient ID Number:			Facility:		
Discharge To:		Address:		Step Down To:	
<input type="checkbox"/> Home <input type="checkbox"/> Boarding Home <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> Partial Hospitalization Program <input type="checkbox"/> Intensive Outpatient Program <input type="checkbox"/> Outpatient <input type="checkbox"/> Mental Health Center <input type="checkbox"/> Jefferson Blount Shelby Mental Health Authority Catchment: County:	
Orders For:					
<input type="checkbox"/> Home Health <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other (Please Specify)					
Medication Orders					
<i>Name</i>		<i>Dosage</i>		<i>Frequency</i>	
MD Follow-Up					
MD Name:					
Appointment Date and Time			Turnaround From Discharge:		
Counselor Follow-Up					
Counselor Name:					
Appointment Date and Time			Turnaround From Discharge:		
Support System					
Name:			Phone #:		
Name:			Phone #:		
UR Contact:		Phone #:		Fax #	

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Payment of benefits is subject to eligibility at the time services are rendered according to the terms of the benefit contract.

Created: 06.21.2012

Revised: 09.25.2012