



Discharge Summary (Mental Health Targeted Case Management)

Fax this form to BHP at 763-486-4437 or MMSI (if a Mayo primary care clinic) at 1-888-889-7822

Authorization Number: _____ Patient Name _____

Last Date of Service: _____

Based on the diagnostic assessment, the DSM Diagnosis is:

AXIS I: a) _____ b) _____ c) _____

AXIS II: a) _____ b) _____ c) _____

AXIS III: Yes No If yes, please specify: _____

AXIS IV: (Check all that apply)

- Primary Support Social Environment Occupation Educational
- Financial/Economic Access to Healthcare Housing Legal System/Crime
- Other: _____

AXIS V: Initial Current

Coordination of Care

Were there other providers involved during this episode of care? Yes No

(Check all that apply)

- Psychiatrist PCP Day Treatment Program Hospital for psychiatric care
- Other psychotherapy CD Treatment Social Worker Probation Officer
- Other: _____

Was a copy of the treatment plans sent to other provider's involved? Yes No

If no, please specify why below: (check all that apply)

- Care was coordinated verbally Provider sent written information
- Member declined to authorize exchange information with other providers
- Provider believed that providing information about the treatment or care plan to others would be detrimental to the member
- Provider and other provider(s) share the same chart
- Other: _____

Was the patient prescribed psychotropic medication during this episode of care? Yes No

If yes, please note medications: _____

Is the patient under the age of 18? Yes No (If not, move on to Substance Abuse problems section)

Were the parents/care takers involved in the treatment? Yes No

If no, please explain why _____

Substance Abuse Problems addressed: Yes No NA

If no, please explain why: _____

Medical Conditions Addressed: Yes No NA

Please check the reason that the episode of care has ended :(Check all that apply)

- Member and case manager mutually agreed that the plan of care goals were accomplished
- Member's insurance coverage terminated
- Member stopped participating
- Case Manager discontinued services. Please explain rationale: _____
- Case Manager referred the member to alternate or less intensive mental health services

Please explain rationale: _____

Case Manager referred the member to a higher level of care

Please explain rationale: _____

Provider Signature: _____ Print Name: _____

Date Submitted: _____