

MCO DISCHARGE FORM

Behavioral Health and Recovery Services

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Client Name	Client ID
Date of Birth	Close Date
Clinician Name	
Physician Name	
Facility Name	

PRIMARY Dx
SECONDARY Dx
TERTIARY Dx
GMC Code (Required*)

Does the Client have a substance abuse problem? Yes No Unknown/ Not Reported (Must Check One)

Referred Out
Referred out to (1)
Referred out to (2)
Referred out to (3)
Discharge Status
Discharge Status

GMC CODE

- 01 = Arterial Sclerotic Disease
- 02 = Heart Disease
- 03 = Hypercholesterolemia
- 04 = Hyperlipidemia
- 05 = Hypertension
- 06 = Birth Defects
- 07 = Cystic Fibrosis
- 08 = Psoriasis
- 09 = Digestive Disorders (reflux, IBS)
- 10 = Ulcers
- 11 = Cirrhosis
- 12 = Diabetes
- 13 = Infertility
- 14 = Hyperthyroid
- 15 = Obesity
- 16 = Anemia
- 17 = Allergies
- 18 = Hepatitis
- 19 = Arthritis
- 20 = Carpal Tunnel Syndrome
- 21 = Osteoporosis
- 22 = Cancer
- 23 = Blind / Visually Impaired
- 24 = Chronic Pain
- 25 = Deaf / Hearing Impaired
- 26 = Epilepsy / Seizures
- 27 = Migraines
- 28 = Multiple Sclerosis
- 29 = Muscular Dystrophy
- 30 = Parkinson's Disease
- 31 = Physical Disability
- 32 = Stroke
- 33 = Tinnitus
- 34 = Ear Infections
- 35 = Asthma
- 36 = Sexually Transmitted Disease (STD)
- 37 = Other
- 99 = Unknown / Not Reported
- 00 = No General Medical Condition

REFERRED OUT TO:

- | | |
|--------------------------------|-----------------------------------|
| 12 Step Mutual Aid | Medical Hospital |
| Acute Care at Another Hospital | Mental Health Outpatient-CMHS |
| Against Medical Advice | Mental Health Outpatient-Other |
| Alcohol Program | Other |
| AWOL | Other Social Service Agency |
| Board and Care | Parole |
| CalWorks Med Clinic | Police |
| Community Service Agency | Primary Care Physician |
| Conservator's Office | Prison/Jail |
| Crisis Residential Program | Private Mental Health Practice |
| Day Treatment Program | Probation |
| Died | Psychiatric Emergency Service |
| Drug Court | Psychiatric Health Facility (PHF) |
| Drug Program | Psychiatric Inpatient Other |
| DUI/DWI Program | Residential Care Facility -CMHS |
| Emergency Room | Residential Care Facility -Other |
| Employer/EAP | School / Education Program |
| Family | Self |
| Friends | Shelter |
| Home | SNF/ICF-Medical |
| Home Health Service | SNF/IMD/MHRC-Psychiatric |
| Housing Program-CMHS | State Hospital |
| Housing Program-Other | Unknown/Not Reported |
| Jail | Veteran's Administration |
| Justice System | |

DISCHARGE STATUS:

- Client withdrew AWOL, treatment incomplete
- Discharged to home, self care, foster care, shelter care
- Discharged/transferred to Acute Care Hospital or Psychiatric Health Facility (PHF)
- Discharged/transferred to Community Residential Treatment (not locked, custodial)
- Discharged/transferred to Community Treatment Facility (locked, no nursing care)
- Discharged/transferred to General Hospital
- Discharged/transferred to Jail
- Discharged/transferred to Residential/Board and Care (not locked, supervised living, no treatment)
- Discharged/transferred to Skilled Nursing Facility/Intermediate Care Facility (unlocked or locked)
- Discharged/transferred to State Hospital
- Expired/Passed away
- Left Against Medical Advice
- Moved out of service area
- Other
- Still a patient or expected to return
- Unknown / Not Reported
- Unplanned discharge