



BEH Post Discharge Continuing Care Plan

The following checked items were faxed to the next level of care provider for this Behavioral Health Inpatient on this date/time:

Date: _____ Time: _____

Name of next level of care provider: _____

If information was not sent by fax, please indicate how it was transmitted to the next care provider. Please note, it cannot be sent via the patient/guardian:

- ☐ Email ☐ U.S. Mail ☐ MD mailbox ☐ EMR access
☐ Ambulance Transport Personnel ☐ Other: _____

☐ BEH Depart Clinical Summary from current episode of care, which contains:

- Reason for Hospitalization
- All discharge medications/vitamins/OTC medications/herbal supplements by name, including dosage and indication for use
- Patient Referral to next level of care provider /Continued Care Recommendation
- Discharge Disposition

☐ BEH Physician Discharge Note OR ☐ BEH Discharge Summary, which contains:

- Completed Axis tool including Axis I (Principal Discharge Diagnosis)
- For patients discharged on two or more antipsychotic medications (indicating all that apply):
 1. Documentation of history of 3 or more failed trials of monotherapy, with names of medications used.
 2. Recommended plan to taper to monotherapy, which indicates medications(s) to taper and medication to increase.
 3. Cross-taper in progress, which indicates which medication(s) are being tapered and which medication is being increased.
 4. Augmentation of Clozapine documented.

☐ Check here if patient or guardian refused continued care referral.

☐ Check here if patient or guardian revoked authorization for release of information to next level of care provider.

☐ Check here if patient eloped without discharge information. This does not apply to patients leaving AMA. AMA patients must be given discharge information and a referral to next level of care provider when they sign AMA papers.

Social Worker Signature: _____ Date: _____ Time: _____

