

Consumer Name: _____ WCHS Medical Record #: _____

Date Admitted: _____ Date Discharged: _____

If you are closing and referring for continued treatment elsewhere, Wake County Human Services staff and it's Community Providers must follow the Continuity of Care Philosophy: Once a consumer has engaged in treatment/services, we are obliged to continue services until the consumer no longer needs the service, chooses to discontinue services, or is actively engaged in appropriate alternative services.

REASON DISCHARGED OR TRANSFERED: (Select One)

- | | | |
|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> 10 - Death | <input type="checkbox"/> 40 - Client Not Available | <input type="checkbox"/> 70 - Service Not Available |
| <input type="checkbox"/> 20 - Evaluation Complete | <input type="checkbox"/> 50 - Refused Services | <input type="checkbox"/> 80 - Other |
| <input type="checkbox"/> 30 - Treatment Complete | <input type="checkbox"/> 60 - No Show | <input type="checkbox"/> 90 - Unknown |

REFERRED TO: (Select One)

- | | | |
|----------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 01 - No Referral/Self | <input type="checkbox"/> 32 - Residential Tx/Habilitation Program | <input type="checkbox"/> 48 - Other Health Care |
| <input type="checkbox"/> 10 - Family/Friends | <input type="checkbox"/> 41 - Private Physician | <input type="checkbox"/> 60 - Community Agency |
| <input type="checkbox"/> 21- Other Outpt. &Resid. Nonstate Facility | <input type="checkbox"/> 44 - Nursing Home Board & Care | <input type="checkbox"/> 80 - Schools |
| <input type="checkbox"/> 22 - State Facility | <input type="checkbox"/> 46 - Veteran's Administration | <input type="checkbox"/> 99 - Other |
| <input type="checkbox"/> 23 - Psychiatric Services, General Hospital | <input type="checkbox"/> 71- Correction, Court, Prison | |

LIVING ARRANGEMENTS AT DISCHARGE/TRANSFER: (Select One)

- | | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 01 - Private Residence | <input type="checkbox"/> 06 - Residential facility excluding nurs. homes (HWH, group home, child care institution) |
| <input type="checkbox"/> 02 - Other Independent (rooming house) | <input type="checkbox"/> 07- Residential facility excluding Nsg. Homes |
| <input type="checkbox"/> 03 - Homeless (Shelter, street) | <input type="checkbox"/> 08 - Nursing home (ICF, SNF) |
| <input type="checkbox"/> 04 - Correctional facility | <input type="checkbox"/> 09 - Adult care home – 7 or more beds (rest home) |
| <input type="checkbox"/> 05 - Institutions (Psych. Hosp., Wright, Whitaker, mental retardation center) | <input type="checkbox"/> 10 - Adult care home – 6 or more beds (family care home) |
| | <input type="checkbox"/> 00 – Other |

DISCHARGE: Complete upon discharge from current program.

Name of Agency from which Consumer is being discharged: _____

WCHS Program Code: |_____|_____|_____|_____|

Name of Staff completing discharge form: _____

Signature: _____ Signature Date : _____

NOTE: This doesn't replace the requirement of a full Discharge Summary in the consumer record.