

OCRCP Discharge Summary

Identifying and Contact Information at the Time of Program End		
PERSON'S NAME	EMAIL ADDRESS	PHONE NUMBER (WITH AREA CODE) ()
CAUSE NUMBER(S)		
STREET ADDRESS	CITY	STATE ZIP CODE
Section 1. Points of Contact		
OCRCP PROVIDER		PHONE NUMBER (WITH AREA CODE) ()
FORENSIC NAVIGATOR		PHONE NUMBER (WITH AREA CODE) ()
FHARPS PROVIDER OR <input type="checkbox"/> N/A		PHONE NUMBER (WITH AREA CODE) ()
FPATH PROVIDER OR <input type="checkbox"/> N/A		PHONE NUMBER (WITH AREA CODE) ()
OUTPATIENT BEHAVIORAL HEALTH PROVIDER AND CASE MANAGER / THERAPIST		PHONE NUMBER (WITH AREA CODE) ()
OUTPATIENT SUBSTANCE USE DISORDER PROVIDER AND CASE MANAGER / THERAPIST		PHONE NUMBER (WITH AREA CODE) ()
LEGAL REPRESENTATIVE – DEFENSE COUNSEL		PHONE NUMBER (WITH AREA CODE) ()
OTHER SUPPORT / SERVICE PROVIDER AND CONTACT PERSON (PLEASE LIST SUPPORT / SERVICE)		PHONE NUMBER (WITH AREA CODE) ()
Section 2. Treatment Summary		
OCR PROGRAM END DATE	OCR PROGRAM END LOCATION	
DIAGNOSIS(ES) AT PROGRAM END		
MEDICATIONS AT PROGRAM END		
REASON FOR DISCHARGE <input type="checkbox"/> Charges dismissed <input type="checkbox"/> Found not competent <input type="checkbox"/> Found competent <input type="checkbox"/> Found not restorable <input type="checkbox"/> Return to jail <input type="checkbox"/> Revoked conditions of release <input type="checkbox"/> Inpatient medical care <input type="checkbox"/> Inpatient civil psychiatric care <input type="checkbox"/> Death <input type="checkbox"/> Other:		
Progress toward Barriers to Competency (list barriers and interventions / progress)		
Summary of Overall Program Participation		

Section 3. Follow Up Care			
Outpatient Behavioral Health Services			
DATE / TIME OF NEXT APPOINTMENT		IF NO APPOINTMENT, WHY?	
STREET ADDRESS		CITY	STATE ZIP CODE
COMMENTS			
Substance Use Disorder Services			
DATE / TIME OF NEXT APPOINTMENT		IF NO APPOINTMENT, WHY?	
STREET ADDRESS OF APPOINTMENT		CITY	STATE ZIP CODE
COMMENTS			
Other Appointment (medical, legal, vocational, educational, day program, language, etc.)			
PROVIDER AND CONTACT PERSON		PHONE NUMBER (WITH AREA CODE) ()	
EMAIL ADDRESS			
TYPE OF SERVICE			
DATE / TIME OF NEXT APPOINTMENT		IF NO APPOINTMENT, WHY?	
STREET ADDRESS OF APPOINTMENT		CITY	STATE ZIP CODE
COMMENTS			
Other Appointment (medical, legal, vocational, educational, day program, language, etc.)			
PROVIDER AND CONTACT PERSON		PHONE NUMBER (WITH AREA CODE) ()	
EMAIL ADDRESS			
TYPE OF SERVICE			
DATE / TIME OF NEXT APPOINTMENT		IF NO APPOINTMENT, WHY?	
STREET ADDRESS OF APPOINTMENT		CITY	STATE ZIP CODE
COMMENTS			
PERSON COMPLETING FORM		DATE FORM COMPLETED	