

OCRP Discharge Summary

Section 1. Points of Contact			
CLIENT'S NAME	PROGRAM END DATE	CAUSE NUMBER(S)	PHONE NUMBER ()
OCRP PROVIDER'S NAME			PHONE NUMBER ()
DSHS FORENSIC NAVIGATOR'S NAME			PHONE NUMBER ()
FHARPS'S CONTACT OR <input type="checkbox"/> N/A			PHONE NUMBER ()
DISCHARGE STREET ADDRESS	CITY	STATE	ZIP CODE
OUTPATIENT BEHAVIORAL HEALTH PROVIDER'S NAME			PHONE NUMBER ()
OUTPATIENT BEHAVIORAL HEALTH CASE MANAGER'S NAME			PHONE NUMBER ()
Section 2. Treatment Summary			
DISCHARGE DIAGNOSIS			
DISCHARGE MEDICATIONS			
REASON FOR DISCHARGE <input type="checkbox"/> Charges dismissed <input type="checkbox"/> Opined not competent <input type="checkbox"/> Return to jail for hearing <input type="checkbox"/> Death <input type="checkbox"/> Opined competent <input type="checkbox"/> Opined not restorable <input type="checkbox"/> Conditions revoked <input type="checkbox"/> Need Inpatient Care <input type="checkbox"/> Other:			
Progress toward Barriers to Competency (list barriers and interventions / progress)			
Summary of Overall Program Participation			
Section 3. Follow Up Care			
Residence Information			
PROVIDER'S NAME OR <input type="checkbox"/> N/A	PHONE NUMBER ()	FAX NUMBER ()	
CONTACT PERSONS'S NAME OR <input type="checkbox"/> N/A			PHONE NUMBER ()
COMMENTS			

Outpatient Behavioral Health Treatment

PROVIDER'S NAME	PHONE NUMBER ()	FAX NUMBER ()
CONTACT PERSON'S NAME	PHONE NUMBER ()	
BEHAVIORAL HEALTH THERAPIST'S NAME	PHONE NUMBER ()	
DATE / TIME OF NEXT APPOINTMENT IF NO APPOINTMENT, WHY?		
STREET ADDRESS OF APPOINTMENT CITY STATE ZIP CODE		
COMMENTS		

Case Management

PROVIDER'S NAME	PHONE NUMBER ()	FAX NUMBER ()
CONTACT PERSON'S NAME	PHONE NUMBER ()	
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, drug / alcohol, language, etc.)

PROVIDER'S NAME	PHONE NUMBER ()	FAX NUMBER ()
TYPE OF APPOINTMENT		
CONTACT PERSON'S NAME	PHONE NUMBER ()	
BEHAVIORAL HEALTH THERAPIST'S NAME	PHONE NUMBER ()	
DATE / TIME OF NEXT APPOINTMENT IF NO APPOINTMENT, WHY?		
STREET ADDRESS OF APPOINTMENT CITY STATE ZIP CODE		
COMMENTS		
OCRP STAFF'S SIGNATURE	DATE	OCRP STAFF'S PRINTED NAME