



MH CONTRACT PROVIDER Discharge Form

1. TODAY'S DATE

2. CASE NUMBER:

3. LAST NAME:

4. FIRST NAME:

5. CLIENT'S DOB:

6. CLIENT'S SSN:

DISCHARGE

7. DATE OF
DISCHARGE:

EXPIRE DIAGNOSIS? YES NO

8. CURRENT SUBUNIT:

9. REASON:

10. LEGAL CLASS
FOR DISCHARGE:

STAFF SIGNATURE:

DATE:

STAFF ID:

APPROVER'S SIGNATURE:

DATE:

STAFF ID:

DATA ENTRY SIGNATURE:

DATE:

STAFF ID:
