|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-01341 (09/2016) | | | | | | | | | | | | | | | | | | | | |  | | | Treatment Team Members Present: |
|  | | | | | | | | | | | | | | | | | | | | | | | | Unit Manager |
| **PRE-RELEASE FROM INSTITUTION CHECKLIST** | | | | | | | | | | | | | | | | | | | | | | | | Social Worker |
| **(CM CHECKLIST)** | | | | | | | | | | | | | | | | | | | | | | | | Psychiatrist |
|  | | | | | | | | | | | | | | | | | | | | | | | | Nurse |
| Client Name | | | | | | | | | | | | | | | | | | | | | | | Date | AODA |
|  | | | | | | | | | | | | | | | | | | | | | | |  | Rehab Staff |
|  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEDICAL** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prescribed Medications** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Obtain most recent list medications from MHI | | | | | | | | | | | | | | | | | | | | | | | |
|  | Medication schedule: | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | | | | | | | | | |
|  | Meds simplified: | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Injectable or quick dissolve available: | | | | | | | | | | | | | |  | | | | | | | | | |
|  | Frequency: |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Side effects?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
|  | If yes, how are the side effects treated: | | | | | | | | | | | | | | | |  | | | | | | | |
|  | Any prescribed PRNs: | | | | | | | | | | | |  | | | | | | | | | | | |
|  | If yes, how are they managed in the community: | | | | | | | | | | | | | | | | | |  | | | | | |
|  | Blood draw requirements/frequency: | | | | | | | | | | | | | | |  | | | | | | | | |
|  | Name of pharmacy to be used: | | | | | | | | | | | | |  | | | | | | | | | | |
|  | How many day supply: | | | | | | | | |  | | | | | | | | | | | | | | |
|  | Prescription written?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
|  | Administer meds independently?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
|  | If yes, how long? | | | | | |  | | | | | | | | | | | | | | | | | |
|  | Medication allergies: | | | | | | | | | | |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
| **General Health** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Conditions: |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Treatment: |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Dietary needs/restrictions: | | | | | | | | | | | |  | | | | | | | | | | | |
|  | Vitamins/supplements/non-prescription medications: | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Doctor/Hospital: | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Independent health management?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, assistance needed: | | | | | | | | | | |  | | | | | | | | | | | | |
|  | Smoker?  Yes  No  Quit-How Long? | | | | | | | | | | | | | | | | |  | | | | | |  |
| **Medical Equipment** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Diabetic supplier: | | | | |  | | | | | | | | | | | | | | | | | | |
|  | CPAP needs: | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Inhalers: | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Other supplies: | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Medical condition related to mental health issues: | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **CLIENT IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | State ID card: | | | | | | |  | | | | | | | | | | | | | | | | |
|  | Driver’s license | | | | | | |  | | | | | | | | | | | | | | | | |
|  | Birth certificate: | | | | | | |  | | | | | | | | | | | | | | | | |
|  | Social Security Card: | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Social Security benefits: | | | | | | | | | | |  | | | | | | | | | | | | |
|  | MA/T19: | |  | | | | | | | | | | | | | | | | | | | | | |
|  | VA benefits: | |  | | | | | | | | | | | | | | | | | | | | | |
|  | Need Payee?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
|  | If yes, previous payee: | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **INSTITUTION TREATMENT / WORK HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Work records/vocation assessment: | | | | | | | | | | | | | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Wages earned: | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Independent living skills: | | | | | | | | | |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Leisure interest: | | | |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | AODA treatment: | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Relapse Prevention Plan/WRAP completed?  Yes  No - Copy available?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **CLIENT PROPERTY** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Guardian: |  | | | | | | | | | | | | | | | | | | | | | | |
|  | General contents: | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Transportation of property: | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Release information: | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Community support: | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **DISCHARGE ARRANGEMENTS/RECOMMENDATIONS** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Discharge date: | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Discharge destination: | | | | | | | |  | | | | | | | | | | | | | | | |
|  | Discharge transportation: | | | | | | | | | | |  | | | | | | | | | | | | |
|  | Conditional Release Rules signed?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |