

PHYSICIAN'S DISCHARGE ORDERS **AMA DISCHARGE****DISCHARGE PATIENT TO:** _____
(Home, Partial Hospitalization Program, Intensive Outpatient Program, specify if with caretaker)**DISCHARGE DIAGNOSES**Axis I: _____
_____ Prognosis: _____Axis II: _____
_____Axis III: _____
_____Axis IV: _____

Axis V: _____

ASSESSMENT OF RISK FOR HARM TO SELF OR OTHERS AT TIME OF DISCHARGE: Not at significant risk Other: (please indicate): _____**DISCHARGE MEDICATIONS: (Medication education to be given at discharge)**

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

___ Yes ___ No Return meds brought from home to patient ___ Yes ___ No Return Narcotics/Sedatives to patient

LEVEL OF ACTIVITY: _____ As tolerated **Special:** _____**DIET:** _____ Regular/Special: _____**FOLLOW UP ARRANGEMENTS:** Discharge Orders, Aftercare Care Instruction, and Discharge Summary to be mailed to the appropriate outpatient provider for follow up care.Outpatient Physician: 1. _____
2. _____

Outpatient Therapist: _____

Post Hospital/Aftercare Program: _____

Support Group Type: AA, NA, GA, OA (Circle or Specify) _____

Date/Time_____
Physician Signature_____
Date/Time_____
Nurse Signature