

# Mental Health Discharge

## YOUTH DEMOGRAPHICS

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## DISCHARGE INFORMATION

\*Discharge Date: \_\_\_\_\_

\*Discharge Reason (pick one):

Stopped Attending \_\_\_\_\_

Completed Program Requirements \_\_\_\_\_

Transferred Schools \_\_\_\_\_

Youth Refused \_\_\_\_\_

Parents Refused \_\_\_\_\_

Referred to Higher Level of Service \_\_\_\_\_

Other (moved away/death/etc.) \_\_\_\_\_

Progress at Discharge (pick one):

Significant Progress \_\_\_\_\_

Some Progress \_\_\_\_\_

No Progress \_\_\_\_\_

Regression \_\_\_\_\_

Some Regression \_\_\_\_\_

Significant Regression \_\_\_\_\_

EB-NE Follow Up Assessment Completed

Yes

No

If no, why not?

Youth refused

Not appropriate for youth (too young, language barrier, etc.)

Youth left program early

Date completed: \_\_\_\_\_