

Intensive Behavioral Health Services (IBHS) Discharge Summary Form

Member's Name: _____ MAID#: _____

Member County:

Cumberland Dauphin Franklin Fulton Lancaster Lebanon Perry

Provider: _____ Level of Care Being Discharged: _____

Date of Discharge: _____ Reason for Discharge: _____

Treatment Outcome:

Was a referral for aftercare services made? If so, when and to which service(s) was a referral made? Please also indicate any referrals to natural/community supports.

Aftercare Service	Provider	Provider Contact Name/Number	Appointment Date/Time	Date of Referral

Diagnoses at Discharge: _____

Medications Prescribed at Discharge: _____

Staff Completing Form: _____ Date: _____

By checking this box, I acknowledge I have provided a copy of this document to the parent/Member/legal guardian.

County	Crisis Intervention (24 hrs/day, 7 days/week)
Cumberland	866-350-4357; Carlisle: 717-243-6005; East of 114:763-2222
Dauphin	717-232-7511
Lancaster	717-394-2631
Lebanon	717-274-3363; Youth line 717-272-4444
Perry	866-350-4357
Franklin/Fulton	866-918-2555