Minuteman Health℠

FAMILY STABILIZATION TEAM DISCHARGE SUMMARY FORM

BEHAVIORAL HEALTH DEPARTMENT
PHONE: 855-644-1776 FAX: 413.233.2700

Please complete thoroughly. Send completed form to Minuteman Health, Inc. (MHI) Behavioral Health Department for review and decision.

MUST ENCLOSE RELEVANT CLINICAL INFORMATION TO SUPPORT THIS REQUEST

Provider Name: _____ Office Phone: _____
Clinician Name: _____ Phone(s): _____
Member Name: _____ DOB: _____
MHI ID: _____
Phase: ❑ 2 ❑ 3 Start Date: _____ End Date: _____

Discharge Diagnosis:
Axis I: _____ _____ _____ _____
Axis II: _____ _____ _____
Axis III: _____
Axis IV: _____
Axis V: _____

Problem Area #1:_____
Progress on Treatment Goal(s): ❑ None ❑ Limited ❑ Moderate ❑ Good
_____
_____
_____

Problem Area #2 _____
Progress on Treatment Goal(s): ❑ None ❑ Limited ❑ Moderate ❑ Good
_____
_____
_____

Problem Area #3: _____
Progress on Treatment Goal(s): ❑ None ❑ Limited ❑ Moderate ❑ Good
_____
_____
_____

Problem Area #4: _____
Progress on Treatment Goal(s): ❑ None ❑ Limited ❑ Moderate ❑ Good
_____
_____
_____

Outpatient Appointments:
Therapist: _____ Appointment Date: _____
Psychiatrist: _____ Appointment Date: _____
Other Provider: _____ Appointment Date: _____