

# MHS Discharge (Outpatient Client)

Confidential Patient Information  
See Welfare & Institutions Code: 5328

Data Entry Initials: \_\_\_\_\_

SmartCare Client ID Number: \_\_\_\_\_ (for Data entry personnel)

**\*Client Last Name:** \_\_\_\_\_

**\*Client First Name:** \_\_\_\_\_

## PLEASE Print Legibly

Highlighted fields with asterisks are required

### Program Assignment Details:

**\*Program Name:** \_\_\_\_\_ **Primary** System informational data field

**\*Current Status:**  Discharged

**\*Assigned Staff:** \_\_\_\_\_

**Enrolled Date:** Field not used

**Requested Date:** Field not used

**\*Discharged Date:** \_\_\_\_\_

**\*Discharge Reason:** \_\_\_\_\_ (Enter discharge reason)

**Next Schedule Service:** Field not used

Comment (optional): \_\_\_\_\_