

# Mental Health Post-Discharge Follow-up

## Patient Information

Name

Date of Birth

Medical Record Number

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## Discharge Details

Date of Discharge

Primary Diagnosis

Medications Prescribed

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## Follow-up Information

Follow-up Date

Follow-up Time

Location/Mode (in-person, phone, video)

Clinician Assigned

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## Current Mental State

Summary of Mental Status

## Risk Assessment

Suicide/Self-harm/Harm to Others

## Medication Adherence

Is the patient taking medication as prescribed?

## Support & Social Situation

Support System & Social Situation

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## Interventions and Advice

Interventions/Advice Given

## Next Steps

Plan/Recommendations/Referrals