



HEALTH DISCHARGE SUMMARY TRANSFER NOTE

NAME OF YOUTH: _____

DATE: _____

DJJID#: _____ **DOB:** _____

Instructions: This form is to be used to provide health related information to parents/guardians providing after care for their children; to an after-care facility/re-entry program; and to Juvenile Probation Officers who require this information to supervise youth who are on community control. It can also be used for youth transferred between facilities. It is completed upon discharge from Residential Commitment Programs and Secure Detention Centers. A copy is to be filed in the Individual Health Care Record in the progress note section.

Facility/Program from which youth is discharged/transferred: _____

Contact Person: _____

Telephone Number: _____

E-mail Address: _____

Allergies: (List all Food, Medication, Animals, Plants, Insects, Other Allergens)

Medications youth is receiving at time of discharge. Include PRN & Emergency/Rescue medications. Copy exactly as the Medication Order is written:
(Include # of pills/inhalers, etc.) _____

Special Health Related Needs or Instructions (e.g. Diabetes, Asthma, Hearing or Vision deficit, Assistive device, Assistance with ADL):

Current Medical or Mental Health Alerts: _____

Pending Appointments: Include address & telephone number

Date	Provider (Name and Phone Number)	Purpose

