

MOA INPATIENT/OUTPATIENT DISCHARGE INFORMATION

DATE: 6/14/2019

PATIENT NAME:

SSN:

D/C DATE:

D/C DISPOSITION:

- HOME:
- MTF:
- ANOTHER FACILITY :
- VA OUTPT CARE:

- **If no further VA care, is patient no longer under MOA?**

Has a warm hand-off been done back to military CM?

MILITARY CM AFTER THIS INPATIENT D/C (name, phone #):

RECOMMENDED FOLLOW UP CARE: