



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: _____

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

Medications: Yes No If Yes, complete Medication, Receipt, Transfer, and Disposition Form (HS 053).

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

Pending Appointments: Include address & telephone number

Date	Provider (Name and Phone Number)	Purpose

Health discharge/transfer report provided by Nurse: _____ to: _____ Date: _____

Health discharge information discussed with parent/legal guardian by Nurse: _____

Parent/legal guardian name: _____ Date: _____

