

# JUVENILE JUSTICE DISCHARGE INFORMATION

## Client Information and Services Received:

Name:

Telephone Number:

Target Symptoms or Diagnosis for which Medications were Prescribed:

Services Provided by Department of Mental Health Staff:

- |                                                  |                                                      |                                                     |
|--------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Mental Health Screening | <input type="checkbox"/> Mental Health Assessment    | <input type="checkbox"/> Crisis Intervention        |
| <input type="checkbox"/> Family Therapy          | <input type="checkbox"/> Group Therapy               | <input type="checkbox"/> Substance Abuse Counseling |
| <input type="checkbox"/> Individual Therapy      | <input type="checkbox"/> Individual Rehabilitation   | <input type="checkbox"/> Targeted Case Management   |
| <input type="checkbox"/> Group Rehabilitation    | <input type="checkbox"/> Medication Support Services |                                                     |
| <input type="checkbox"/> Other (please specify)  |                                                      |                                                     |

## Client Medication(s):

- No Discharge Medications     Prescription Attached

Name	Dosage	Frequency	Route of Administration	Additional Comments

## Client Instructions and Recommendations:

If referred, include name of agency or mental health provider contact information.

\_\_\_\_\_  
Signature & Discipline

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-signature & Discipline (If Required)

\_\_\_\_\_  
Date

***If you have any other urgent questions or need assistance finding a Mental Health Provider in your area, please call the Los Angeles County ACCESS hotline at 1-800-854-7771 or go online at [www.dmh.lacounty.gov](http://www.dmh.lacounty.gov) to see a list of Mental Health Providers.***

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:

IS#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health