

Adult Correctional Mental Health Patient Discharge Resource List

Name: _____

Date: _____

X-REF: _____

What's Ahead Upon Release

GOALS (Main things you would like to work on)

1. _____ 3. _____
2. _____ 4. _____

OBJECTIVES (How you will go about achieving those goals)

1. _____
2. _____
3. _____
4. _____

I will receive my services at:

Psychiatric: _____ Phone: _____

Medical: _____ Phone: _____

Pharmacy: _____ Phone: _____

My Appointments

APPOINTMENT	DATE	PHONE NUMBER/ADDRESS

Personal Resource List

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Discharge Planner's Name: _____

Mental Health's Phone Number:
916-874-5222