ADULT LIPOS PRIVATE BED / PHP – DISCHARGE FORM

Today's Date: _____ EHR #: _____

Client Information

First Name: _____ MI _____ Last Name _____

Admitting Hospital / Partial Hospitalization Program:

☐ Dominion ☐ INOVA – Fairfax ☐ INOVA – Loudoun ☐ INOVA – Mt. Vernon ☐ Novant PW

☐ Poplar Springs ☐ Snowden ☐ Spotsylvania ☐ Virginia Hospital Center

☐ Other: _____

Authorizing CSB:

☐ Alexandria ☐ Arlington ☐ Fairfax ☐ Loudoun ☐ Prince William

This is to certify that inpatient psychiatric or Partial Hospitalization services have been rendered to the individual listed above by the hospital / program identified above, under the terms and conditions of the LIPOS Acute Bed Purchase Agreement. This also certifies that the hospital/program identified above has sent verification to the CSB indicating that individual listed above has no insurance that will cover this hospitalization.

Dates of Approved Service: _____

LIPOS Start Date: _____ (date individual discharged or transferred)

If PHP, Total Days _____

Clinical Disposition (Discharge or Transfer):

Ongoing Follow Up / Treatment Arrangements:

If Transfer to state facility, check transfer criteria met:

(1) ☐ Confirmed DSM-V diagnosis, **and**

(2) ☐ There is a substantial likelihood of harm to self, and/or

☐ There is a substantial likelihood of harm to other(s), and/or

☐ Demonstrates persistent lack of capacity to protect self from harm or to provide for basic human needs, and/or

☐ There are complex discharge planning needs, and/or

☐ Has a condition that requires intensive monitoring of newly prescribed drugs with a high rate of complications or adverse reactions, **and**

(3) ☐ Alternatives to admission have been investigated and there is no less restrictive alternative to admission.

Project Discharge / Transfer Approval

CSB LIPOS Discharge Planner Name: _____ Date: _____

Fax to NVRPO, attention Xiuping Cheung and Dana Johnson @ 703-653-9562 **OR**
Email to xiuping.cheung2@fairfaxcounty.gov and dana.johnson@fairfaxcounty.gov