

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
DISCHARGE REFERRALS AND RECOMMENDATIONS**

PATIENT NAME:	PATIENT ID #	DISCHARGE DATE:
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NOTE: This section to be given to patient upon discharge (place copy in chart). All referrals should include identified providers of services, location, date, time, name of contact and any other necessary information.

SPECIFIC REFERRALS:

OTHER RECOMMENDATIONS OR OPTIONS FOR POST-DISCHARGE REFERRAL:

I HAVE RECEIVED A COPY OF THESE REFERRALS AND RECOMMENDATIONS.	
PATIENT SIGNATURE:	DATE:

STAFF SIGNATURE:	DATE:
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