

## Healthy Beginnings Discharge Record

<b>Client ID#</b>			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	
<b>Date of Birth</b>			
	Month	Day	Year

**Data Reporting Instructions:**  
 Please report participant's discharge date and the reason for discharge in the Healthy Beginnings database. Please refer to the Healthy Beginnings Program Participant Discharge Procedures for complete instructions.

**Reason for Discharge:** *(please select one)*

<input type="checkbox"/> Two Years Postpartum	<input type="checkbox"/> Moved Out of Area
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Unable to Contact
<input type="checkbox"/> Child No Longer in Home	<input type="checkbox"/> Enrolled in Nurse Family Partnership
<input type="checkbox"/> Other <i>(please specify)</i> _____	

**Discharge Date:**                    

                                    MM    DD    YYYY

**Staff Initials:**

**Discharge Notes:** Information for participant (referrals, review of goals, inspirational words) or discharge information (dates of contact attempts, participant's reason for declining services, etc.)

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**Instructions for Healthy Beginnings Discharge Form**

**Purpose:** To document the reason for participant's discharge from the Healthy Beginnings program.

**Instructions:** The form must be completed within 14 days of discharge. Submit required data as instructed by the Healthy Beginnings Program Manager. File original (white) copy in participant's program record. Yellow copy is to be given to the participant (if applicable).

**Disposition:** This form is to be retained in accordance with the records disposition schedule of medical records as issued by the North Carolina Office of Archives and History, Division of Historical Records.