

**CARBON-MONROE-PIKE MH/DS
724 PHILLIPS STREET, SUITE 202
STROUDSBURG, PA 18360**

TARGETED CASE MANAGEMENT TRANSFER SUMMARY

Consumer's Name:		BSU #:	
Case Manager:		DOB:	
Admission Date:		Transfer Effective Date:	
Admission LOF:		Discharge LOF:	
Admission Diagnosis:		Discharge Diagnosis:	
Consumer's Age:	Marital Status:	Employment Status:	
Family/Social Constellation:			
Presenting Problem at time of referral to TCM program:			
Course of TCM Involvement (specify types of intervention, contacts, networking, linking, etc., activities):			

(over)

Client Goals:

Response to Services:

Reason for Transfer (Please indicate new assigned case manager):

Follow-up Plan:

Additional Comments:

Consumer/Guardian's Signature: _____ Date: _____

Targeted Case Manager's Signature: _____ Date: _____

TCM Supervisor's Signature: _____ Date: _____

MH/DS Administrator/Designee's Signature: _____ Date: _____