

## MOA INPATIENT/OUTPATIENT DISCHARGE INFORMATION

**DATE:**

**PATIENT NAME:**

**SSN:**

**D/C DATE:**

**D/C DISPOSITION:**

- HOME:
- MTF:
- ANOTHER FACILITY :
- VA OUTPT CARE:
  
- **If no further VA care, is patient no longer under MOA?**

Has a warm hand-off been done back to military CM?

**MILITARY CM AFTER THIS INPATIENT D/C (name, phone #):**

**RECOMMENDED FOLLOW UP CARE:**