

**SAN DIEGO COUNTY MENTAL HEALTH PLAN
72 – HOUR POST DISCHARGE LOG FOR SPECIALTY MENTAL HEALTH SERVICES**

CARE COORDINATOR: _____

MONTH/YEAR: _____

Client Name	CCBH #	Admission Facility & Date of Admission	Date Program Learned of Admission	Date of Discharge	Date of Follow-up Appt.	Client Showed (yes or no)