Mental Health Services – Offender Release Log

Institution:

Name	ID#	Date of Release	Type of Release **	Probation or Parole Office	Date Form M01- 0020-01 Sent	Primary Diagnosis	Medication Provided at Discharge ***	MH/MR Provider to whom Referred	Voluntary 1013	Appointment Date/ Time	Date MH/MR Records Sent

Type of Release: Parole, Reprieve, Discharged to Probation, Discharged to Max-Out *Medication Provided at Discharge: Name and dosage.

Retention Schedule: Upon completion, the original of this form shall be maintained in the mental health area for 10 years by the MH Unit Manager.