

**Ancora Psychiatric Hospital**  
**Discharge and Aftercare Plan**

Patient Name: KENWORTHY, LEE

Hospital Number: 106474

Building/Ward: BIRA

Admission Date: 7/2/2018

Date of Birth: 10/2/1978

1. PPV Begin Date: \_\_\_\_\_ ☒ N/A      2. Discharge Date: 7/13/2018
3. Type of Discharge/Release: ☒ Straight Discharge    ☐ CR    ☐ CR/IAP    ☐ IAP    ☐ IOC  
☐ Other

4. CR Conditions  
and Timeframe:

5. Reason for  
Hospitalization: psychosis

**6. Discharge Information**

Placement Type: Private Residence (self-owned/self-managed)

Name: Lee Kenworthy

Phone # (312) 964-2946

Address: 72 A Constitution Blvd    City: Whiting    State: NJ    Zip: 08759

County: Ocean    Service Area: 7

7. Financial Arrangements/Needs: Patient receives survivor benefits

8. Medicare: N/A    Hospital Medicaid#/FD34(14 day PPV only): N/A

Community Medicaid (for IAP only): N/A

MedicareD#: N/A    MedicareDName: N/A

9. Insurance Company Name / ID #: N/A

10. Primary Contact/Significant Other:    ☐ Not Authorized    ☐ None Given

Samantha Brown

Address: 72A Constitution Blvd    City: Whiting    State: NJ    Zip: 08759

Phone: (312) 964-2946    Relationship: Friend

**11. SPECIAL COMMUNITY NEEDS**

A. Social/Cultural/Ethnic/Recreation/Leisure: Lee would benefit from social/cultural activities.

B. Language: Lee speaks English.

C. Transport: Samantha Brown is transport the patient.

D. Employment/Voc/Educ: N/A

E. Religion: Buddhist

F. Drug/Alcohol Abuse Services: 1 800 992 0401 hotline number.

G. Legal: Lee has legal charges in Manchester and Montgomery Municipal Court.

H. Correctional Services: N/A

I. Court Appearance Date / Location: N/A

J. Parol/Probation Officer /Phone#: N/A

K. Other: N/A

12. Level Of Functioning: 5    (Rate 01-10)

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**13. POST DISCHARGE GOALS**

Lee will take his psychiatric medications as prescribed to avoid decompensation. Lee will attend outpatient clinic for medication monitoring. Lee will take care of his legal matters, when he is discharge.

**14. MENTAL HEALTH/PROGRAM SERVICE NEEDS**

ICMS/PACT invited to Discharge Meeting:

☒ Yes ☐ No

☒ ICMS ☐ PACT ☒ Med Monitoring ☐ Partial Care ☐ Daily Living Skills ☐ Counseling  
☐ Substance Abuse Treatment ☐ AA/NA Mtgs ☐ Residential Services ☐ Other

**15. Patient discharged with an alcohol use disorder diagnosis:**

☐ Yes ☒ No

If Yes, indicate in #17 Aftercare Arrangements/Followup Care section below

If Yes and appointment not made in #17, indicate reason:

☐ Referral information given, but appointment not made ☐ Patient Refused

**16. Patient discharged with a drug use disorder diagnosis:**

☐ Yes ☒ No

If Yes, indicate in #17 Aftercare Arrangements/Followup Care section below

If Yes and appointment not made in #17, indicate reason:

☐ Referral information given, but appointment not made ☐ Patient Refused

**17. AFTERCARE ARRANGEMENTS / FOLLOW-UP CARE**

Outpatient Provider / Service Contact	Arranged	1st Appointment
<b>Name:</b> Journey to Wellness-Self Help Center <b>Addr:</b> 226 Route 37 West Unit 14 Toms River, NJ 0875 <b>Phone:</b> 732-914-1546	<b>ByWhom:</b> _____ <b>ArrDate:</b> _____ <b>WtihWhom:</b> _____	<b>ApptDate:</b> _____ <b>ApptTime:</b> _____ <b>ApptWhom:</b> as needed
<input type="checkbox"/> Alcohol Use Appointment <input type="checkbox"/> Drug Use Appointment		
<b>Name:</b> Screening - Kimball Medical Center PES <b>Addr:</b> 600 River Avenue Lakewood, NJ 08701 <b>Phone:</b> 732-866-4474	<b>ByWhom:</b> _____ <b>ArrDate:</b> _____ <b>WtihWhom:</b> _____	<b>ApptDate:</b> _____ <b>ApptTime:</b> _____ <b>ApptWhom:</b> as needed
<input type="checkbox"/> Alcohol Use Appointment <input type="checkbox"/> Drug Use Appointment		
<b>Name:</b> NAMI Ocean County <b>Addr:</b> PO Box 1436 Toms river, NJ 08754 <b>Phone:</b> 732-244-4401	<b>ByWhom:</b> _____ <b>ArrDate:</b> _____ <b>WtihWhom:</b> _____	<b>ApptDate:</b> _____ <b>ApptTime:</b> _____ <b>ApptWhom:</b> as needed
<input type="checkbox"/> Alcohol Use Appointment <input type="checkbox"/> Drug Use Appointment		
<b>Name:</b> Preferred Behavioral Health of NJ <b>Addr:</b> 700 Airport Road Lakewood, NJ 08701 <b>Phone:</b> 732-367-4700 <b>DAP Sent Date/Time:</b> 7/13/2018 10:00:00 AM	<b>ByWhom:</b> Danielle Singleton-Ducille <b>ArrDate:</b> 7/12/2018 <b>WtihWhom:</b> Kaitlin	<b>ApptDate:</b> 7/16/2018 <b>ApptTime:</b> _____ <b>ApptWhom:</b> Kaitlin
<input type="checkbox"/> Alcohol Use Appointment <input type="checkbox"/> Drug Use Appointment		
<b>Name:</b> ICMS - Preferred Behavioral Health of NJ <b>Addr:</b> 1191 Lakewood Road Route 9 Toms River, NJ 08701 <b>Phone:</b> 732-323-3664 <b>DAP Sent Date/Time:</b> 7/13/2018 10:00:00 AM	<b>ByWhom:</b> Danielle Singleton-Ducille <b>ArrDate:</b> 7/11/2018 <b>WtihWhom:</b> Laura Macalik	<b>ApptDate:</b> 7/16/2018 <b>ApptTime:</b> _____ <b>ApptWhom:</b> Face to face interview up
<input type="checkbox"/> Alcohol Use Appointment <input type="checkbox"/> Drug Use Appointment		

☐ Not Eligible for Aftercare Services

**Comments:** On 07/12/18 SW sent out a letter to Manchester and Montgomery Municipal Court making them aware that the patient missed his court date, this week because of admission.

Reason that appointment was not made: ☒ N/A-appointment made

If NOT made, reason why: ☐ Out of Jurisdiction

☐ Provider will make appointment

☐ Other

☐ Patient will make appointment

☐ Uniknown

**Tobacco Referral Information was given to the patient at discharge.**

**Social Worker Signature:** Electronic Signature for Tamame Fonville on 7/13/2018 at 8:02:17 AM

**Print Name:** Tamame Fonville

**Phone# :** 609 561 1700



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1. Last Blood Level (e.g. Lithium, Dilantin, etc.) and Date: \_\_\_\_\_

☒ NA

2. Known Allergies: Adverse Reaction(None-); Drug Allergy(Haldol-);

☒ NKA

3. Final Psychiatric Diagnosis(es):

Psychiatric: F339-Major depressive disorder, recurrent, unspecified; F602-Antisocial personality disorder;

Medical: -tobacco use;

Other: \_\_\_\_\_

4. Suicidality Risk Factors Identified: \_\_\_\_\_

☐ Yes

☒ No

Specify: \_\_\_\_\_

5. Recommended Lab Monitoring:

☒ N/A

☐ Drug Blood Levels for \_\_\_\_\_ (drug) every \_\_\_\_\_ days

☐ Weekly WBC ☐ Other Test(specify): \_\_\_\_\_ every \_\_\_\_\_ days

☐ Other Abnormal Findings Needing Follow-up: \_\_\_\_\_

6. Antipsychotic Medication Information:

Patient discharged on 1 (insert number) antipsychotic medication.

Check appropriate justification for 2 or more prescribed antipsychotic drugs:

☐ 01 - History of minimum 3 or more failed trials of monotherapy.

☐ 02 - Recommended plan to taper to monotherapy or tapering in process (cross tapering)

☐ 03 - Augmentation of Clozapine

The following are additional reasons for prescribing 2 or more antipsychotic medications:

☐ 04 - Symptom reduction

☐ 07 - Need for depot (Long acting - depot injection)

☐ 05 - Other augmentation

☐ 08 - Other:

☐ 06 - Admitted on multiple antipsychotic medications

7. FDA approved tobacco cessation medication prescribed at discharge:

☐ Not a heavy smoker in the 30 days prior to admission (Please check Initial Psychiatric Assessment).

☐ Yes, prescription given ☒ Patient Refused

☐ Patient does not live in the USA

8. If FDA approved tobacco cessation medication NOT prescribed, indicate reason:

☐ N/A-prescribed

☒ Patient Refused

☐ Not a Heavy Smoker in the 30 days prior to admission

☐ Allergy to all cessation medications

☐ Drug interaction

☐ Other: \_\_\_\_\_

9. FDA approved medication for drug disorder was prescribed at discharge:

☐ Does not have a drug use disorder

☐ Yes, prescription was given

☒ Patient Refused

☐ Patient does not live in the USA

☒ Prescription was not offered

☐ Unknown

10. FDA approved medication for alcohol disorder was prescribed at discharge:

☒ Does not have an alcohol disorder

☐ Yes, prescription was given

☐ Patient Refused

☐ Patient does not live in the USA

☐ Prescription was not offered

☐ Unknown

ORIGINAL-Medical Record

cc: Patient, Nursing Supervisor (for Census Unit), Intake Unit, Social Worker Supervisor

Revisions 12/2017

KENWORTHY, LEE

Psychiatrist Section 2

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# Ancora Psychiatric Hospital Discharge and Aftercare Plan

Building/Ward: BIRA  
Admission Date: 7/2/2018  
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Patient Name: KENWORTHY, LEE

Hospital Number: 106474

REGISTRE  
NURSE

1. Date of Last PPD: 1st Step: 7/3/2018 2nd Step: ☐ Patient Refused

2. Patient hospitalized between October and March and received the most recent influenza Vaccine:

☐ N/A (Not Flu season-hospitalization between April - September)

☐ Yes, Date of vaccine: \_\_\_\_\_

☒ No, Reason: ☐ Unknown ☐ Patient has an organ transplant

☐ Influenza Vaccine ordered but not received by the hospital

☐ Patient has allergy / sensitivity to Influenza Vaccine

☐ Influenza Vaccine not given for other reasons, explain: \_\_\_\_\_

3. Medications (Include Dose/Route/Frequency/Duration)

☒ RX Given ☐ Prescribed

Indication

Discard any medications you have at home and take no other medications (prescription or over the counter) than those listed below without consultation from your next provider

Depakote 500mg By mouth 7am 7pm x 30 days

Mood Stabilizer

Zyprexa 15mg By mouth 7am 7pm x 30 days

For clear thinking

4. Date of Last Depot Anti-Psychotic Injection(e.g. Haldol, Prolixin): \_\_\_\_\_

☒ N/A

5. INSTRUCTIONS

☒ Dietary

Regular textured;; Low Cholesterol; Low Fat x 30dys

☒ Medication - Patient and families are reminded to discard old lists and to update any records with all medication providers and retail pharmacies.

☒ Other Health Teaching

6. Patient / Significant Other Understanding of Instructions :

☒ Yes

☐ No

☐ Questionable

Discharge medications reviewed and reconciled.

RN Signature Electronic Signature for Estella Ramble-Mappy on 7/11/2018 at 2:35:17 PM

Date / Time: \_\_\_\_\_

Print Name: RAMBLE-MAPPY , ESTELLA CHARGE NURSE

Phone: 609-561-1700 ext# 7518

ORIGINAL-Medical Record

cc: Patient, Nursing Supervisor (for Census Unit), Intake Unit, Social

Worker Supervisor

Revisions 12/2017

KENWORTHY, LEE

RN Section 4

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**Ancora Psychiatric Hospital**  
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11. Patient has a Mental Health Advance Directive or surrogate decision maker: ☐ Yes ☒ No  
If no, ☒ Patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.  
reason: ☐ Patient cultural and/or spiritual beliefs preclude a decision of advance care planning.

**Discharged Medication reviewed and appropriate for discharge.**

**Psychiatrist Signature**

Electronic Signature for Theodore Wasserman on 7/12/2018 at 8:01:23 AM

**Date / Time:**

**Print Name:** WASSERMAN, THEODORE CLIN PSYCH-POST CER **Phone# :** 6095611700

**Psychiatrist Comments:**

ORIGINAL-Medical Record

cc: Patient, Nursing Supervisor (for Census Unit), Intake Unit, Social  
Worker Supervisor

Revisions 12/2017

**KENWORTHY, LEE**

Psychiatrist Section 2  
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# Ancora Psychiatric Hospital

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### MEDICAL TRANSITION RECORD

1. Does the patient has an advance directive for health care or surrogate decision maker: ☐ Yes ☒ No  
If no, ☒ Patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.  
reason: ☐ Patient cultural and/or spiritual beliefs preclude a decision of advance care planning.

2. Procedures / Tests / Studies performed during stay and results: ☐ None

3. Studies Pending at time of discharge: ☐ Yes ☒ No

Date	Name of Procedures/Tests/Studies	Results	Comments
7/3/2018	Lipid Profile, Hepatitis Profile, FBS, HemoglobinA1C, HIV antibody screen	Cholesterol 217 HDL 42 Triglycerides 212 LDL 140 FBS 85 HemoglobinA1C 5.1% HIV antibody screen Non-reactive Hepatitis Profile Non-Reactive	Has to continue LFLC diet

4. Appointment Scheduled:

☒ None

5. Appointment needs to be scheduled and f/u recommendations

☒ None

6. Patient is being discharged on antibiotics: ☐ Yes ☒ No

For results of studies of pending at discharge, contact the HEALTH INFORMATION MANAGEMENT DEPARTMENT at 609-561-1700 ext. 7429. An Authorization for Release of Protected Health Information (PHI) can be faxed to 609-567-8309.

Medical Physician

Electronic Signature for Arup Roy on 7/12/2018 at 10:20:20 AM

Signature Date / Time:

Print Name: ROY, ARUP PHY SPEC I

Phone#: 609-567-7281 / 7302

ORIGINAL-Medical Record

cc: Patient, Nursing Supervisor (for Census Unit), Intake Unit, Social Worker Supervisor  
Revisions 12/2017

KENWORTHY, LEE

Medical Section 3

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