



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

Pennsylvania PHP Discharge Information

Please FAX to PA PHP at (855) 933-2605 prior to discharge.

Patient Name: _____

Facility Name: _____

Admission Date: _____ (Tentative) Discharge Date: _____

Diagnoses: _____

Therapy Recommendations:

Individual Therapist: _____
Reason: _____

Group Therapist: _____
Reason: _____

Other _____

Other Recommendations:

Drug Testing _____

12-Step Meetings _____

Work Restrictions _____

Explain: _____

Other _____

Meds on Discharge _____

Therapist Name Therapist Signature Date

Medical Director Name Med. Director Signature Date