Facility:
Patient Name: BAEZ,DEMITRIC
DOB: 10/21/94
MR#:
Admission Date: 09/08/25
Acct Number:
Discharge Date:

## General Instructions

**Reason for Visit:** DEPRESSION

**Allergies/Adverse Drug Reactions:** No Known Drug Allergy

**Medical Problems**

Depression
Mood disorder

**Care Team Members**

PRIMARY CARE PHYSICIAN
ADMITTING, PSYCHIATRY, 860-533-3494
ATTENDING, PSYCHIATRY, 860-533-3494
Doctor of Medicine, PSYCHIATRY, 860-643-1166

## Home Medications and New Prescriptions

**Your List of Pharmacies**

**Your Preferred Pharmacy**

## Instructions for Patient

**Patient Instructions**

**Smoking Status**

**Patient requests smoking cessation medication:** No-Patient Denies Need

**Antipsychotics**

Facility: MMH1
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MR#:
Admission Date: 09/08/25
Acct Number:
Discharge Date:

**Problem List**
**1. Mood disorder**
**Discharge Date** 09/17/25
**Reason for Hospitalization**
mood disorder.

ECHN-Contact Information
## Eastern Connecticut Health Network

Hours: 24 hour Emergency Department

To obtain copies of your medical record including pending lab tests or procedures contact the ECHN Health Information Management Department (HIM) at

**Living Arrangements:** home
**Plan for Work/School** ok
**Transportation** bus
**Legal** none
**Therapeutic Goals** stable mood/mind
**Medications**
Continue all medications after discharge as directed.

**Tx for InPt Condition?** Yes
**Diagnosis Given** Patient
**Pending Procedures/Follow Up** No
**National Suicide Prevention**
The following information is provided to all patients as part of a nationwide initiative to prevent suicide.

Professionals or agencies to contact during a crisis:

* Your doctor or therapist

* The National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

* Mobile Crisis: 211 Press 1

* Crisis Text Line: Text CONNECT to 741741

* Veterans Crisis Line: 1-800-273-TALK (8255) Press 1

* TTY Hearing Impaired: 1-800-799-4TTY (4889)

* Local Emergency Service: 911

**Discharge Care Plan**
**Were diagnosis specific instructions given to patient:** PDI
**Were the problems, medication and lab results reviewed:** Y
**Additional Education Provided:**
Discharge Instructions
**Problem:**
Altered Level of Health
**Goal:**
Optimal level of health
**Instructions:**
See Provider Instructions

**Other Information**
**Educational Materials**
ADHD in Adults (ED)

**Plan of Treatment**
medication/thrapy

**Goals**
stable mood/mind

**Health Concerns**
none at this time.

Compiled on 09/18/25 at 9:54am.

BH MSW Discharge Plan

Patient: BAEZ,DEMITRIC
Account #: [redacted]
Admit Date: 09/08/25
Status: ADM IN
Attending: [redacted]

Age/Sex: 30 M
Unit #: [redacted]
Location: ABH
Room/Bed: B105-1

**BH MSW DISCHARGE PLAN**

Referred to: [redacted] CLINIC
For: MED MANAGEMENT
Contact Person: WHEELER CLINIC Phone: 860-[redacted]
Address: [redacted] NEW BRITAIN CT [redacted]
Appointment Date: 09/23/25 Time: 11:30AM

Referred to: COUNSELING SERVICES AT CCSU
For: THERAPY SERVICES
Contact Person: CCSU Phone: 860-[redacted]
Address: 1615 STANLEY ST., NEW BRITAIN CT
Appointment Date: 09/24/25 Time: 2:00PM

Referred to:
For:
Contact Person: Phone:
Address:
Appointment Date: Time:

Referred to:
For:
Contact Person: Phone:
Address:
Appointment Date: Time:

Living Arrangements PT HOMELESS
Plan for Work/School ATTENDING CCSU
Other Resources 211
Transportation CAB
Legal NONE

Faxed To: [redacted] CLINIC Fax #: 860-[redacted]
Faxed To: Fax #:
Faxed To: Fax #:
Faxed To: Fax #:
Faxed By:
Date Faxed:
Time Faxed:
Continuing Provider has access to hospital electronic record N

Occurred Date: 09/17/25
Monogram: MS Initials: [redacted] Name: [redacted]
Occurred Time: 1045
Nurse Type: LMSW