

OBHIS TRANSFER RECORD FIELDS

ID #/Name:
Transfer Date* (mm/dd/yyyy)

Level of Care Transferred to	<input type="checkbox"/> Clinically Managed Low-Intensity Residential
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Clinically Managed Population-specific Residential
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Clinically Managed High-Intensity Residential
<input type="checkbox"/> Intensive Outpatient	<input type="checkbox"/> Medically Monitored Intensive Inpatient
<input type="checkbox"/> Partial Hospitalization	<input type="checkbox"/> Medically Managed Intensive Inpatient