McLaren Business Products

McLaren Print System Order

Order No: 54031
Order Date: 2020-04-30
User: shirley liddell
Phone: 810-342-5333

Ship Location: Mclaren OakBridge Center PHP - Shirley Liddell
4448 Oakbridge
FLINT, MI 48532
Forms
Quantity: 500
Paragon Dept No: 43560
Dept Name: Mclaren OakBridge Center PHP
Company Number: 60

Order Total Price: 18.00

Item Number: 17644
Item Description: Treatment Summary Form
Revision Date: 3/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Misc Info:

McLaren Flint
Flint, MI
Partial Hospitalization Program

Treatment Summary Form

Patient Name: _____ Date of Birth: _____
Referred to PHP from: _____
Date of Admission: _____ Discharge Date: _____
Program Dates Attended: _____
_____ Total Number of Program Days Attended: _____
Presenting Problem(s) at time of Admission: _____
_____
Reason for Discharge from PHP (circle):
Successfully completed treatment
Patient has achieved maximum benefit from program
Left treatment against medical advice
Condition worsened
Unable to comply with rules/expectations of treatment
Other: _____
Referred to (check all that apply):
- Inpatient Psychiatric Unit: _____
- Emergency Department for medical/surgical issues: _____
- Intensive Outpatient Program: _____
- Outpatient Therapy: _____
- Psychiatrist: _____
- Primary Care Physician: _____
- Substance Abuse Treatment: _____
- Other: _____

At time of discharge, the patient was prescribed the following medications:
_____
_____
_____
_____
_____
_____
Care Manager Summary:
_____
_____
_____
_____
_____
Signature, Credential
Psychiatrist Note: Discharge Diagnosis: _____
_____
_____
_____
_____
_____
_____
Signature, Credential

TREATMENT SUMMARY FORM

Spec Info: