

McLaren Print System Order

Order No: 54100
Order Date: 2020-05-06
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)

<input type="checkbox"/> Successfully completed treatment	<input type="checkbox"/> Condition worsened
<input type="checkbox"/> Patient has achieved maximum benefit from program	<input type="checkbox"/> Unable to comply with rules/regulations of treatment
<input type="checkbox"/> Left treatment against medical advice	<input type="checkbox"/> 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:

Psychiatrist Note: _____ Discharge Diagnosis: _____

Signature: _____

Spec Info:

