

McLaren Print System Order

Order No: 59888
Order Date: 2021-01-27
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: 24.90

Item Number: 17641
Item Description: Daily Symptom Identification and Management Didactic
Revision Date: 2/2015
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Misc Info: This form is tumbled.

McLaren logo
Business Products
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DAILY SYMPTOM IDENTIFICATION AND MANAGEMENT PROGRAM
DAILY SYMPTOM IDENTIFICATION AND MANAGEMENT DIDACTIC
1. Please rate your overall physical health today on a scale of 10 (very ill) to 1 (very healthy)
2. Please describe any physical symptoms or complaints you are experiencing this morning
3. How would you describe your appetite?
4. How many meals have you eaten in the last 24 hours?
5. How many hours did you sleep last night?
6. Did you have difficulty falling asleep?
7. Did you have frequent awakenings during the night?
8. Did you have nightmares or bad dreams?
9. Do you take your medications as prescribed since the last time you were at PHP?
10. Did you take your medications as prescribed since the last time you were at PHP?
11. Have you had difficulties acquiring your medications from the pharmacy?
12. Have you experienced any side effects to your medications?
13. Have you consumed any alcoholic beverages since the last time you were at PHP?
14. Have you used other drugs (medicines, cocaine, etc) since the last time you were at PHP?
15. How would you describe your mood this morning?
16. If depressed, how severe is the depression on a scale of 1 to 10 (10 being most severe)?
17. If anxious, how severe is the anxiety on a scale of 1 to 10 (10 being most severe)?
18. Have you had a panic attack since the last time you were at PHP?
19. Have you experienced any confusion or disorientation recently?
20. Have you experienced racing thoughts or difficulty maintaining focus on a task?
21. Have you had thoughts of hurting yourself since the last time we saw you?
22. Have you had thoughts of hurting someone else?
23. Have you heard voices or sounds that other people don't seem to hear?
24. Have you had seen, smelled, or physically felt things that others do not?
25. Have you had difficulty getting along with other people since the last time you were at PHP?
26. Do you still have adequate food and shelter?
27. Do you feel you are benefiting from services of the Partial Hospital Program?
My personal goal for today is:
Client Name: Date:
DAILY SYMPTOM IDENTIFICATION AND MANAGEMENT DIDACTIC
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