McLaren Business Products

McLaren Print System Order

Order No: 6753
Order Date: 2014-10-27
User: anna parsian
Phone: 810-342-2375

Ship Location: Debra Hoffman/Anna
401 South Ballenger Hwy - 4 South
Flint , MI 48532
Forms
Quantity: 500
Paragon Dept No: 91570
Dept Name: Case Management 4-South
Company Number: 60

Order Total Price: 0.00

Item Number: DCH-3877
Item Description: Preadmission Screening (PAS) / Annual Resident Review (ARR) Mental Illness / Mental Retardation / Related Conditio
Revision Date:
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info: Previous Editions Obsolete

Michigan Department of Community Health
PREADMISSION SCREENING (PAS) / ANNUAL RESIDENT REVIEW (ARR)
(Mental Illness / Intellectual Disability/ Related Conditions Identification)
Level I Screening

PAS
ARR
Change in Condition

SECTION I - Patient, Legal Representative, and Agency Information

Male Female

NO YES

SECTION II - Screening Criteria (All 6 items must be completed.)

MENTAL ILLNESS or DEMENTIA (Circle One)

MENTAL ILLNESS or DEMENTIA within the past 24 months (Circle One)

SECTION III - CLINICIAN'S ATTESTMENT: I certify to the best of my knowledge that the above information is accurate.

DISTRIBUTION:

DCH-3877