

**McLaren Print System Order**

**Order No: 8194 Reprint Previous Order No: 7624**  
**Order Date: 2015-01-14**  
**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: 0.00**

**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: None**  
**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 \_\_\_\_\_ Condition worsened \_\_\_\_\_  
Patient has achieved maximum benefit from program \_\_\_\_\_ Unable to comply with requirements of treatment \_\_\_\_\_  
Left treatment against medical advice \_\_\_\_\_ 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, Date/Time

Signature, Date/Time

Signature, Date/Time

TREATMENT SUMMARY FORM 1/15/12 0406

