

McLaren Print System Order

Order No: 48074
Order Date: 2019-08-28
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 _____ 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, Credentials

Signature, Credentials

TREATMENT SUMMARY FORM
Form No. 500



0400

Spec Info: