

**McLaren Print System Order**

**Order No: 48349**  
**Order Date: 2019-08-30**  
**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: 60.25**

**Item Number: M-13089**  
**Item Description: Notice of Conference to Develop the Individual Plan of Service**  
**Revision Date: 3/2015**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: 5 Hole Top**  
**Misc Info:**

McLaren Flint  
Partial Hospitalization Program

**Notice of Conference to Develop the Individual Plan of Service**

Welcome to the McLaren Flint Partial Hospitalization Program at McLaren Oak Bridge. In addition to the parent/guardian assessment form, the psychiatrist and other members of the treatment team will complete assessments to assist in the development of an effective Individual Plan of Service.

The clinical staff will meet in conference on day two of treatment to develop and implement the plan. The client and parent/guardian are encouraged to actively participate in this conference. Treatment plan review within 3 treatment days.

I have received a copy of this notice

I wish to have the following family member or advocate attend and team conference:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Spec Info:**

