

McLaren Print System Order

Order No: 51399
Order Date: 2020-01-02
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: 17543
Item Description: Treatment_Plan_Questionnaire
Revision Date: 9/2015
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Misc Info:

McLaren Flint
Behavioral Medicine

TREATMENT PLAN QUESTIONNAIRE

Please take a few moments to complete this questionnaire. The information you give will be used in the development of your individualized treatment plan.

1. What name do you wish the staff to use when they address you?

- First Name
- Title and Last Name

2. What are your reasons for seeking treatment at this time?

3. What significant stresses or changes have you experienced in your life recently?

4. What is your goal for treatment?

5. Who is the most supportive person (or persons) in your life at this time?

Do you wish to have this person involved in your treatment? YES NO

If yes, please check one of the following:

- I want the hospital staff to inform the person that I am here
- I want the hospital staff to talk to the person about my care and ask for their input
- I want the person to participate in the treatment team conference
- Other involvement (please describe)

6. Are you involved with a Case Management program such as CSI, TTI etc. If so would you like to have your case manager involved? Yes No (What is your case manager's name and phone number?)

NOTE: A Release of Information Form signed by the person seeking treatment is still needed.

7. At your place of residence do you have adequate food? YES NO If no, please explain.

Spec Info:

7. Do you have adequate housing? YES NO If no, please explain.

