

McLaren Print System Order

Order No: 57718
 Order Date: 2020-10-20
 User: Dawn Caspers
 Phone: 248-674-0388

Ship Location: Attn Dawn Caspers
 4000 Highland Rd Suite 114
 Waterford , MI 48328

Brochures
 Quantity: 200
 Paragon Dept No: 52526
 Dept Name: McLaren Oakland Waterford Primary
 Company Number: 310

Order Total Price: 60.00

Item Number: M-2931-C
 Item Description: VESTIBULAR Brochure
 Revision Date: 9/2020
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: ds;bleed; color; double bi-fold

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

<input type="checkbox"/> PAS
<input type="checkbox"/> ARR
<input type="checkbox"/> Change in Condition
<input type="checkbox"/> Hospital Exempted Discharge

SECTION I - Patient, Legal Representative and Agency Information

Patient Name (First, M, Last)		Date of Birth (MM/DD/YY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (number, street, apt. or lot #)			County of Residence		Social Security Number
City	State	Zip Code	Medicaid Beneficiary ID Number	Medicare ID Number	
Does this patient have a court-appointed guardian or other legal representative? <input type="checkbox"/> No <input type="checkbox"/> Yes →			If Yes, give Name of Legal Representative		
County in which the legal representative was appointed			Address (number, street, apt. number or suite number)		
Legal Representative Telephone Number		City	State	Zip Code	
Referring Agency Name		Telephone Number		Admission Date (actual or proposed)	
Nursing Facility Name (proposed or actual)			County Name		
Nursing Facility Address (number and street)		City	State	Zip Code	

Spec Info: This form must be completed by a registered nurse, licensed bachelor or master social worker, licensed professional counselor, psychologist, physician's assistant, nurse practitioner or a physician.