

McLaren Print System Order

Order No: 63065

Order Date: 2021-06-16 User: Sateesha Poplar Phone: 810-342-2375

Ship Location: 4 South McLaren Flint

Case Mangement Department 4 south

Flint, MI 48532

Forms

Quantity: 500

Paragon Dept No: 91570 Dept Name: Case Management

Company Number: 60

Order Total Price: 43.80

Item Number: DCH-3877

Item Description: Preadmission Screening (PAS) / Annual Resident Review (ARR) Mental Illness / Mental Retardation / Related Condition

Revision Date: 3/2021

Print: 2 sided black and white

Paper: 20# White Text

Size: 8.5 x 11 Fold:

Finish: None Drill: None

Misc Info: Previous Editions Obsolete

PREADMISSION SCREENING (PAS)(ANNUAL RESIDENT REVIEW (ARR) (Montal lineas/intellectual Developmental

(Montal Illness/Intellectual Developmental Disability/Related Conditions (dentification) Michigan Department of Heatin and Human Services Level I Screening



Patient Name (First, Mr. Last) Address (number, street, apt. or lot #)			Date of Birth (MM8DD/YY) Gender		r le 🗌 Female
			County of Residence	Social Security Number	
City	State	Zip Code	Medicaid Beneficiary ID Number	Medic	are ID Number
Does this patient have a court-appointed guardian or other legal representative?			If Yes, give Name of Legal Representative		
County in which the legal representative was appointed		Address (number, street, spt. number or suite number)			
Legal Representative Telephone Number			City	State	Zip Code
Returning 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

Sections II and III of this form must be completed by a registered nurse, licensed bachelor or master Spec-Info:

DCH-3877 (Rev. 3-21s) Previous edition obsolete. 1