

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
- Patient has achieved maximum benefit from program
- Left treatment against medical advice

- Condition worsened
- Unable to comply with rules/expectations of treatment
- 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:

Signature, Credential

Psychiatrist Note: _____ Discharge Diagnosis: _____

Signature, Credential



PT.
MR.#/RM.
DR.