

McLaren Northern Michigan
Competency for Behavioral Health Screens

1. Your first and last name is written as the person who completed the screen.
2. Date and time screen was started and completed.
3. Name of the company/person calling and phone number.
4. Involuntary or Voluntary status.
5. Ensure that a Voluntary form was filled out or that there is a Petition and Certificate.
6. Social Security Number (important for verifying insurance benefits).
7. Name of insurance, policy number, and days authorized are documented.
8. Name of Primary Care Physician, if any.
9. Name of patient's pharmacy. (To verify current medication list.).
10. History of inpatient treatment.
11. Name of current outpatient provider, if any.
12. Legal issues including if a patient is on Jail Hold.
13. Current medication list.
14. List of medication allergies.
15. Medical issues the patient may have.
16. PRN's that may have been given.
17. Results of UDS and Alcohol level. (Alcohol level must be .08 or under.).
18. The name of the doctor medically clearing the patient.
19. Special precautions (Fall risk, violent, communicable diseases, seizure risk, guardian).
20. RN needs to review and sign the screen.