McLaren Business Products

McLaren Print System Order

Order No: 82091
Order Date: 2024-01-04
User: Brooke Pearson
Phone: 2316271370

Ship Location: **McLaren Cheboygan- BHU Attn: Brooke Pearson**
748 South Main St
Cheboygan, Mi 49721
Forms
Quantity: 500
Paragon Dept No: 30462
Dept Name: BHU
Company Number: 410

Order Total Price: 24.90

Item Number: MHCC-688-MNM
Item Description: Behavioral Health Screen
Revision Date: 08/2023
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: 2 Hole Top
Poster:
Misc Info: DS, Black

McLaren
NORTHERN MICHIGAN

BEHAVIORAL HEALTH SCREEN

Date:	**CMH Staff/Time of approval for screen:**				
Patient Name:		**DOB:**	**Age:**	☐ **Male**	☐ **Female**
Time Screen Started:	Time Screen Ended:		Time Faxes Received:		
Psychiatrist Paged & Time(s) Paged:					
☐ Voluntary	☐ Involuntary	☐ Petition	☐ 1st Cert.	☐ Deferred	☐ Court Order
Approval Time:		Admitting Diagnosis:			
Admit to: ☐ **Inpatient BHU**	☐ **PHP**	☐ **Geriatric BHU**	☐ **Admit to Dr.:**		

Patient Address:	**Patient's Current Location:** ☐ **ER** ☐ **Med. Floor** ☐ **Other Facility Name:**
Phone #:	☐ CMH Screen ☐ CMH Screen
Soc. Sec. #:	BH Staff Completing Screen
Marital Status: Veteran: ☐ Yes ☐ No	Name of Caller / Company
PCP: Contacted: ☐ Yes ☐ No	Caller's Phone #:
Psychiatrist:	Patient's Legal Status:
Previous In-pt. (Where / When):	Out-pt. Treatment:
Therapist Case Manager:	Guardian Name: Phone #:
(1) Primary Insurance Phone #:	(2) Secondary Insurance Phone #:
Card #:	Card #:
(1) Subscriber's Name / DOB: (2) Subscriber's Name / DOB: Relationship to Patient:	# of Days Authorized: Contact Person/Phone #: Authorization #:

Presenting Problem:

Spec Info:

BEHAVIORAL HEALTH SCREEN

5454

ADDRESSOGRAPH