

**McLaren Print System Order**

**Order No: 84299**  
**Order Date: 2024-04-04**  
**User: shirley liddell**  
**Phone: 810-342-5333**

**Ship Location: McLaren OakBridge Center PHP - Shirley Liddell**  
**4448 Oakbridge**  
**FLINT, MI 48532**

**Forms**  
**Quantity: 500**  
**Paragon Dept No: 43560**  
**Dept Name: McLaren OakBridge Center PHP**  
**Company Number: 60**

**Order Total Price: 59.00**

**Item Number: M-13089**  
**Item Description: Notice of Conference to Develop the Individual Plan of Service**  
**Revision Date: 3/2015**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Poster:**  
**Misc Info:**

McLaren Flint  
Partial Hospitalization Program  
**Notice of Conference to Develop the Individual Plan of Service**

Welcome to the McLaren Flint Partial Hospitalization Program at McLaren Oak Bridge.  
In addition to the parent/guardian assessment form, the psychiatrist and other  
members of the treatment team will complete assessments to assist in the development of an  
effective Individual Plan of Service.

The clinical staff will meet in-conference on day two of treatment to develop and implement  
the plan. The client and parent/guardian are encouraged to actively participate in this  
conference. Treatment plan review within 3 treatment days.

- I have received a copy of this notice
- I wish to have the following family member or advocate attend and team conference:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Spec Info:**

W9770 - Medical Record  
W9770R - Cover  
Notice of Conference to Develop  
the Individual Plan of Service  
04/03/2015 01:00



720

