

McLaren Print System Order

Order No: 84401
Order Date: 2024-04-09
User: Brooke Pearson
Phone: 2316271370

Ship Location: McLaren Cheboygan- BHU Attn: Brooke Pearson
748 South Main St
Cheboygan, Mi 49721

Forms

Quantity: 100
Paragon Dept No: 30462
Dept Name: BHU
Company Number: 410

Order Total Price: 4.98

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

BEHAVIORAL HEALTH SCREEN

Date:		CMH Staff/Time of approval for screen:	
Patient Name:		DOB:	Age: <input type="checkbox"/> Male <input type="checkbox"/> Female
Time Screen Started:		Time Screen Ended:	Time Faxes Received:
Psychiatrist Paged & Time(s) Paged:			
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Petition <input type="checkbox"/> 1 st Cert. <input type="checkbox"/> Deferred <input type="checkbox"/> Court Order			
Approval Time:		Admitting Diagnosis:	
Admit to: <input type="checkbox"/> Inpatient BHU <input type="checkbox"/> PHP <input type="checkbox"/> Geriatric BHU <input type="checkbox"/> Admit to Dr.:			
Patient Address:		Patient's Current Location: <input type="checkbox"/> ER <input type="checkbox"/> Med. Floor <input type="checkbox"/> Other Facility Name:	
Phone #:		<input type="checkbox"/> CMH Screen <input type="checkbox"/> CMH Screen	
Soc. Sec. #:		BH Staff Completing Screen	
Marital Status:		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Caller/Company	
PCP:		Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> 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:		# of Days Authorized:	
(2) Subscriber's Name /DOB:		Contact Person/Phone #:	
Relationship to Patient:		Authorization #:	
Presenting Problem:			
Spec Info:			

