

MACOMB COUNTY COMMUNITY MENTAL HEALTH - FOCUS
CONTINUED STAY REVIEW

Consumer Name	Case #	DOB	Home Phone	Status
Eligibility/Insurance Information				

Provider	Location Type	Address
Phone	Hospital	Fax

Authorization #	Provider Name	Consumer Name	Authorization Effective
Authorized Service Description		Units Authorized	Units Claimed to Date
		Units Paid to Date	Units Available

Utilization Management Review

UR Person / Reviewer [lookup](#) [clear](#) Review Date

General Information

Admission Date

[Use Current Date](#)

County of Residence

Assigned Physician

Legal Status: Date of Court

Legal Status: Outcome of Court

Deferred
 Involuntary
 Voluntary

Living Situation Expected at Discharge

characters left: 512

Legal Guardian

No Guardianship in Place
 Parent(s) of Minor Child
 Court Appointed Guardian

Parent(s) of Minor Child Authorized to Consent to Treatment [Clear Information](#)

Mother [Clear Information](#)

Biological Mother
 Adoptive Mother

First Name Last Name

Check if address is same as consumer - provide address if not the same

Address

Home Phone

Primary Phone Home Cell Alternate None

Cell Phone

City State Zip [lookup](#)

Alternate Phone

Not a US Address

Email

Father [Clear Information](#)

Biological Father
 Adoptive Father

First Name Last Name

Check if address is same as consumer - provide address if not the same

Address
City **State** **Zip** [lookup](#) Not a US Address**Email****Home Phone****Cell Phone****Alternate Phone****Primary Phone**

- Home
 Cell
 Alternate
 None

[Clear Information](#)**Divorce Information****If Parents are Divorced, Indicate Child Custody Status**Legal Custody: Sole-Mother Sole-Father Joint UnknownPhysical Custody: Sole-Mother Sole-Father Joint Unknown**Copy of Divorce Papers Scanned into FOCUS?** Yes No See Hybrid (Paper) Record**Additional Information Related to Parent Consent**

characters left: 1024

[Clear Information](#)**Court Appointed Guardian****First Name****Last Name** Check if address is Same as Consumer**Address**
City **State** **Zip** [lookup](#) Not a US Address**Home Phone****Cell Phone****Alternate Phone****Primary Phone**

- Home
 Cell
 Alternate
 None

Email**Type of Guardianship**

- Plenary of Person Plenary of Estate Plenary of Person and Estate
 Guardian Ad Litem DHS Ward - Permanent DHS Ward - Temporary
 Partial Describe Powers:

Guardian's Relationship to Consumer

- Mother Father Child
 Spouse Sibling Public Guardian
 Unrelated Other

Date of Court Order **Expiration Date** **Copy of Guardianship Papers Scanned into FOCUS?** Yes No See Hybrid (Paper) Record[Clear Information](#)**Co-Guardian Information****First Name****Last Name**

Check if address is Same as Consumer

Address

City **State** **Zip** **lookup**

Not a US Address

Email

Type of Guardianship

- Plenary of Person
- Plenary of Estate
- Plenary of Person and Estate
- Guardian Ad Litem
- DHS Ward - Permanent
- DHS Ward - Temporary
- Partial Describe Powers:

Guardian's Relationship to Consumer

- Mother
- Father
- Child
- Spouse
- Sibling
- Public Guardian
- Unrelated
- Other

Date of Court Order

 

Expiration Date

 

Copy of Guardianship Papers Scanned into FOCUS?

- Yes
- No
- See Hybrid (Paper) Record

Standby Guardian Information

Clear Information

First Name

Last Name

Check if address is Same as Consumer

Address

City **State** **Zip** **lookup**

Not a US Address

Email

Type of Guardianship

- Plenary of Person
- Plenary of Estate
- Plenary of Person and Estate
- Guardian Ad Litem
- DHS Ward - Permanent
- DHS Ward - Temporary
- Partial Describe Powers:

Guardian's Relationship to Consumer

- Mother
- Father
- Child
- Spouse
- Sibling
- Public Guardian
- Unrelated
- Other

Date of Court Order

 

Expiration Date

 

Copy of Guardianship Papers Scanned into FOCUS?

- Yes
- No
- See Hybrid (Paper) Record

Additional Guardianship Information

Primary Phone

- Home
- Cell
- Alternate
- None

Home Phone

Cell Phone

Alternate Phone

characters left: 1024



Diagnosis

	ICD-9	DSM-IV	Description	Status Date	Status
Pri					<input type="text"/>
Sec				<input type="text"/>	<input type="text"/>
Ter				<input type="text"/>	<input type="text"/>

Substance Abuse Diagnoses

AXIS I

	ICD-9	DSM-IV	Description	Status Date	Status
Pri				<input type="text"/>	<input type="text"/>
			Specifier / Status Detail: <input type="text"/>	Use Current Date	
Sec				<input type="text"/>	<input type="text"/>
			Specifier / Status Detail: <input type="text"/>	Use Current Date	
Ter				<input type="text"/>	<input type="text"/>
			Specifier / Status Detail: <input type="text"/>	Use Current Date	

AXIS II

	ICD-9	DSM-IV	Description	Status Date	Status
Pri				<input type="text"/>	<input type="text"/>
Sec				<input type="text"/>	<input type="text"/>
Ter				<input type="text"/>	<input type="text"/>

AXIS III

	ICD-9	DSM-IV	Description	Status Date	Status
Pri				<input type="text"/>	<input type="text"/>
Sec				<input type="text"/>	<input type="text"/>
Ter				<input type="text"/>	<input type="text"/>

Diagnostic Formulation

characters left: 4096



Co-Occurring Consumer Quadrant

Co-Occurring Consumer Quadrant Comments

Additional Information / Help

characters left: 1024

Diagnosis Made By (Name/Credentials)

Diagnosis Effective Date

[Use Current Date](#)

History of Diagnosis [lookup](#)

Last Updated

Status of Treatment/Progress to Date

List the treatment goals as defined by the psychiatrist and current implementation of the goals

characters left: 2000



Progress towards goals

characters left: 8000



Current sx's being displayed on the unit (AEB)

characters left: 11000



List Risk Factors

(lack of family involvement, developmental delays, self abusive bx, impulsivity, aggression, sexually active, SA, legal involvement, school problems)

characters left: 2000



Substance Abuse concerns & needs

characters left: 512



Urine Drug Screen Results

Urine Drug Screen Test Date

Current Suicidal Risk

characters left: 512



Homicidal Risk

characters left: 512



Medications/Changes/Side Effects (Please Note any changes)

Other Medications

Medication	Medication Type	Dates	Prescribing Physician Info

Add new other medications for the client below.

Medication Edit name (if not found)

Medication: Dosage: Qty:

Medication Type

Instructions

Dates

Start: End:

Reason

<input type="text"/>	<input type="text"/>
Prescribing Physician	Prescribing Physician Type
<input type="text"/>	<input type="text"/>

Medication Edit name (if not found)

Medication: Dosage: Qty:

Medication Type

Dates Start: End:

Instructions

Reason

Prescribing Physician

Prescribing Physician Type

Medication Edit name (if not found)

Medication: Dosage: Qty:

Medication Type

Dates Start: End:

Instructions

Reason

Prescribing Physician

Prescribing Physician Type

Medication Edit name (if not found)

Medication: Dosage: Qty:

Medication Type

Dates Start: End:

Instructions

Reason

Prescribing Physician

Prescribing Physician Type

[Add More Medications](#)

Support System/Family/Community

characters left: 1024

Comments

characters left: 2000

Medicaid Application Required **Date Medicaid Application Initiated (if patient is uninsured)**

Discharge Plan

Has the Hospital Coordinated with PCP?

Yes No

Explain what the Hospital Has Done to Coordinate with Community Agencies

characters left: 512



Discharge Plan per Hospital

characters left: 11000



✓ Spell Check

Click the *SUBMIT FOR APPROVAL* button once you are ready to send this Request for Continued Stay Review to MCCMH for approval.