

MACOMB COUNTY COMMUNITY METAL HEALTH - FOCUS
 CONTIUED STAY REVIEW - DISCHARGE

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

CSR Discharge Summary Form

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

D/C Form Filled Out Date

General Information

Admission Date

[Use Current Date](#)

Discharge Date

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

- 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

- Biological Father Adoptive Father

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

Divorce Information

Clear Information

If Parents are Divorced, Indicate Child Custody Status

Legal Custody: Sole-Mother Sole-Father Joint Unknown

Physical 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



Court Appointed Guardian

Clear Information

First Name

Last Name

Check if address is Same as Consumer

Address

City

State

Zip

lookup

Not a US Address

Home Phone

Primary Phone

Home

Cell

Alternate

None

Cell Phone

Alternate Phone

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

Co-Guardian Information

Clear Information

First Name

Last Name

Check if address is Same as Consumer

Address

City

State

Zip

lookup

Not a US Address

Home Phone

Primary Phone

Home

Cell

Alternate

None

Cell Phone

Alternate Phone

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**Home Phone****Primary Phone**

- Home
 Cell
 Alternate
 None

Cell Phone**Alternate Phone****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

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"/>

[Use Current Date](#)

[Use Current Date](#)

Substance Abuse Diagnoses

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

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

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

Discharge 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 lookup clear <input type="checkbox"/> Edit name (if not found)
Medication: <input type="text"/> Dosage: <input type="text"/> Qty: <input type="text"/>
Medication Type <input type="text"/> Dates <input type="text"/>

<input type="text"/>	Start: <input type="text"/> End: <input type="text"/>
Instructions <input type="text"/>	Reason <input type="text"/>
Prescribing Physician <input type="text"/>	Prescribing Physician Type <input type="text"/>

Medication <input type="button" value="lookup"/> <input type="button" value="clear"/> <input type="checkbox"/> Edit name (if not found)	
Medication: <input type="text"/>	Dosage: <input type="text"/> Qty: <input type="text"/>
Medication Type <input type="text"/>	Dates Start: <input type="text"/> End: <input type="text"/>
Instructions <input type="text"/>	Reason <input type="text"/>
Prescribing Physician <input type="text"/>	Prescribing Physician Type <input type="text"/>

Medication <input type="button" value="lookup"/> <input type="button" value="clear"/> <input type="checkbox"/> Edit name (if not found)	
Medication: <input type="text"/>	Dosage: <input type="text"/> Qty: <input type="text"/>
Medication Type <input type="text"/>	Dates Start: <input type="text"/> End: <input type="text"/>
Instructions <input type="text"/>	Reason <input type="text"/>
Prescribing Physician <input type="text"/>	Prescribing Physician Type <input type="text"/>

Medication <input type="button" value="lookup"/> <input type="button" value="clear"/> <input type="checkbox"/> Edit name (if not found)	
Medication: <input type="text"/>	Dosage: <input type="text"/> Qty: <input type="text"/>
Medication Type <input type="text"/>	Dates Start: <input type="text"/> End: <input type="text"/>
Instructions <input type="text"/>	Reason <input type="text"/>
Prescribing Physician <input type="text"/>	Prescribing Physician Type <input type="text"/>

[Add More Medications](#)

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

Follow Up Appointment set with

Date/Time of Appointment

Contact Person

✓ Spell Check

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

SAVE

SUBMIT FOR APPROVAL

CANCEL

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