Region 10 PIHP - Access Center/UM

***Serving St. Clair, Lapeer & Sanilac Counties***

3111 Electric Avenue, Suite A., Port Huron, MI 48060

Tel: 1-888-225-4447 or (810) 987-6911 • **Fax: (810) 966-3388**

Hospital Discharge

**\*\*\*Forward to Customer Service Staff once completed within one working day.**

|  |  |
| --- | --- |
| SBM Staff Assigned: | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital Name: |  | | |
| CMH Case # for Client: |  | Client Initials: |  |
| Hospital Admit Date: |  | **Hospital Discharge Date:** |  |
| **Insurance:**  **App Date:** |  | **County:** |  |
| **PARTIAL Days Attended:** |  | **Days Absent:** |  |

Disposition:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CMH/Affiliate: |  | | | | | |
| MI | DD | | SUD | | Adult | Child |
| Not Eligible For PIHP (CMH/SUD) Network Service: | | | | | | |
| Referred Out to Behavioral Health Agency: | | | |  | | |
| Referred Out to a Community/Non-Behavioral Healthcare Agency | | | | | | |
| Referred Out to MHP: | |  | | | | |
|  | | | | |
| Eligible – Applicant Refused Services: | | | | | | |
| Reason(s): | | | | | | |
| Eligible – Referred to CMHSP Service | | | | | | |
| Eligible – Referred to SUD Service | | | | | | |
| Expedited SUD Referral | | | | | | |

Follow Up Care Information / Discharge Appointment:

|  |  |  |  |
| --- | --- | --- | --- |
| **Follow up Appt set with** | **Date** | **Time** | **Contact Person** |
| Consumer Requested Outside 7 Day |  |  |  |

|  |  |
| --- | --- |
| **\*\*Attending Psychiatrist:** |  |

Medications:

|  |  |  |  |
| --- | --- | --- | --- |
| Abilify | Fluoxetine | Pristiq | Wellbutrin |
| Adderall | Geodon | Prozac | Xanax |
| Ambien | Haldol | Remeron | Zyprexa |
| Ativan | Inderal | Risperdal | Zoloft |
| Buspar | Invega | Ritalin | ***OTHER*** |
| Catapres | Klonopin | Seroquel |  |
| Celexa | Lamictal | Sertraline |  |
| Clozaril | Lexapro | Tegretol |  |
| Cogentin | Lithium | Topomax |  |
| Concerta | Luvox | Trazodone |  |
| Cymbalta | Metadate | Trileptal |  |
| Depakote | Neurontin | Valium |  |
| Desyrel | Paxil | Vistaril |  |
| Effexor | Prolixin | Vyvanse |  |