

**EXAMPLE 1: POOR Documentation**

<i>Referral Information</i>													
Date Sent to Permedion:		1/10/16											
Hospital/Facility Name:		Hollywood Memorial Hospital											
Contact Person:		Diane Smith, RN											
Email address:		diane.smith@hmh.com											
Phone:		614 333 9823											
City, State		Hamilton, OH											
Date of Admission:		1/8/16											
Admission source:		Garden Lakes Nursing Home											
Involuntary admission:		<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No								
Admission Type:		<input type="checkbox"/> Pre-Admission			<input checked="" type="checkbox"/> Emergency								
<i>Recipient Information</i>													
Recipient Last Name:			Walker			First Name:			Carolyn				
Social Security #:			111 22 3333			Medicaid ID#:			545666777122				
Gender:		<input type="checkbox"/> Male		<input checked="" type="checkbox"/> Female		DOB:		5/2/40		Age: 75			
Marital Status:		<input type="checkbox"/> Single			<input type="checkbox"/> Married			<input type="checkbox"/> Divorced					
		<input checked="" type="checkbox"/> Widowed			Other: (explain)								
Living Arrangements:		<input type="checkbox"/> Alone		<input type="checkbox"/> Court Ordered			<input type="checkbox"/> Group Home/Half-Way House						
		<input type="checkbox"/> Homeless/ Shelter		<input type="checkbox"/> Non-Relatives			<input type="checkbox"/> Foster Home						
		<input type="checkbox"/> Relatives		<input checked="" type="checkbox"/> Nursing Home			<input type="checkbox"/> Assisted/Supervised						
		<input type="checkbox"/> Parents/Guardian		<input type="checkbox"/> Spouse/Significant Other			Other:(explain)						
City, State													
<i>Responsible Party Information</i>													
Responsible Party (Last Name, First Name)						Lynne Jenkins							
County:		Suffolk											
Relationship:		<input type="checkbox"/> Self			<input checked="" type="checkbox"/> Parent(s)/Guardian			<input type="checkbox"/> Court					
		<input type="checkbox"/> Gov. Agency			<input checked="" type="checkbox"/> Other: (explain)			Daughter					
		<b>Address same as recipient</b>											
City, State		Hawthorne, OH											
<i>Mental Health Diagnoses</i>													
Provide all Diagnoses		Diagnosis				DSM5		OR		ICD-10			
		Paranoid Schizophrenia								F20.0			
<i>Medical Diagnoses (Names only -ICD-10 not required)</i>													
HTN													

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<i>Psychosocial and Environmental Problems</i>		
<b>Please "X" and explain all that apply.</b>		
X	Problems with primary support group	Pt states daughter does not visit.
	Problems related to social environment	Pt states daughter does not visit.
	Educational problems	
	Occupational problems	
	Housing problems	
	Economic problems	
	Problems with access to Health Care Services	
	Problems related to interaction with legal system	
	Other psychosocial and environmental problems	Pt states daughter does not visit.
<i>Symptoms</i>		
<b>Please "X" and explain all that apply.</b>		
X	Auditory hallucinations	Pt sees bunnies and they tell her to slap her roommate.
X	Visual hallucinations	Pt sees bunnies and they tell her to slap her roommate.
X	Delusions	Pt sees bunnies and they tell her to slap her roommate.
	Paranoia	
	Bizarre thinking	Pt sees bunnies and they tell her to slap her roommate.
	Thought content	
	Anxiety level	
X	Appearance	Pt has wrinkly skin and brown hair. Dressed in gown
X	Mood	
X	Affect	<b>Inappropriate</b>
X	Behavior	
	Dementia	
	Delirium (Acute onset < 48 hour)	For the past year the patient has been complaining about all the bunnies in her room and there are no bunnies in this facility or on the grounds, to my knowledge. She talks to the visitors about the bunnies and they make up a part of every exam that she has. The patient seems to enjoy the bunnies for the most part and their presence do not seem to agitate her, except for when they want her to slap her roommate. This appears to be bothersome because she is naturally nonviolent.
	Speech	
	Cognition	
X	Insight/Judgment	
	Sleep	
X	Hygiene	

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	Nutrition			
<b>Imminent risk to self: Please "X" and explain all that apply.</b>				
	Recent suicide attempt or serious self-harm.			
	Current plan for suicide or serious self-harm.			
X	Command auditory hallucinations for suicide or serious self-harm. Pt sees bunnies and they tell her to slap her roommate.			
<b>Imminent harm to others: Please "X" and explain all that apply.</b>				
	Recent Action			
	Current Plan			
X	Command auditory hallucinations Pt sees bunnies and they tell her to slap her roommate.			
<i>Symptoms (Cont.)</i>				
<b>If patient is unable to care for self, explain why. Pt needs assistance with bathing and dressing at her baseline.</b>				
<i>Current Medications</i>				
<b>List all current medications.</b>				
Drug Name	Daily Dosage	Frequency	Start	Diagnosis
Risperdal	0.5ng	qam		
Risperdal	2mg	qhs		
Klonopin	0.25 mg	BID		
Klonopin	0.5mg	Qhs		
<b>Compliant with Current Medications?</b>		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
<i>Prior Psychotropic Medications</i>				
<b>List all prior psychotropic medications.</b>				
Drug Name	Daily Dosage	Start	End	Diagnosis
Depakote	1000 ng	/bud		

<i>Substance Abuse History</i>						
<b>Complete all applicable rows.</b>						
Drug Name	Frequency	Amount	Route	1 <sup>st</sup> Use	Last Use	
Alcohol	Daily	1/5 scotch	PO		1-9-15	
Cannabis						
Hallucinogens						

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Benzodiazepines						
Inhalants						
Amphetamines						
Barbiturates						
Narcotics						
OTC Meds						
Other						

**\*\*Provide toxicology screen results.**

**Explain impact of substance abuse on treatment compliance.**

None at time of admit, Pt has been sober x1 year

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<i>Prior Treatment</i>			
<b>Identify all prior mental health interventions and services.</b>			
Agency/Facility Name	Type of Service	Dates of Service	Frequency of Service (Hours/day)
<i>Balfour Medical Center</i>	<i>IP-psych</i>	<i>Oct,Nov 2015</i>	<i>N/A</i>
<i>Legal</i>			
Is inpatient treatment court ordered? <input type="checkbox"/> Yes [If yes, fax order to (855)-974-5394] <input type="checkbox"/> No			
If "Yes", for what purpose? <input type="checkbox"/> Evaluation <input type="checkbox"/> Return to Competency			
What county issued court order? <input type="text"/>			
Please "X" and explain all that apply.			
<input type="checkbox"/>	Current Legal charges		
<input type="checkbox"/>	Pending court date(s)		
<input type="checkbox"/>	Currently on probation/parole		
<input type="checkbox"/>	Past legal issues		
<input checked="" type="checkbox"/>	Current/History of domestic violence	Victim of years of domestic violence by deceased husband.	
<input type="checkbox"/>	Physically destructive acts/property destruction		
Please "X" and explain all that apply.			
<input checked="" type="checkbox"/>	Recent Abuse	Questionable Elder abuse by daughter.	
<input type="checkbox"/>	Past Abuse		
Additional Information:			
<i>Health Home (if applicable)</i>			
County:			
Agency:			
<i>Inpatient Treatment History</i>			
Prior Inpatient Treatment?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Readmission within the past 30 days?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Age at first admission:	5		
Number of admissions in the past 2 years.	2		
Please complete for each admission:			
Month	Year	Facility	Length of Stay
Oct-Nov	2015	Balfour NC	Unknown

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<i>Children &amp; Adolescents Only (Under 21)</i>			
<b>Please "X" and explain all that apply.</b>			
<input type="checkbox"/>	CON completed and signed by a physician, and on the medical record.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Children's Services involvement		
<input type="checkbox"/>	Other Information		
<i>Geriatric Patients Only (65 years and older)</i>			
<b>Please "X" and explain all that apply.</b>			
<input type="checkbox"/>	Patient is a transfer from another unit (such as medical).		
<i>Additional Information</i>			
<b>Explain any recent trauma/crisis/precipitating events related to the patient's symptoms and subsequent admission.</b>			
<p>Observed conversation between patient and visitor. Pt stated that the bunnies were really hopping today and the visitor said she didn't see any bunnies. The patient said that the patients wanted to be fed more often and the visitor said that that was the problem with this facility; that we didn't try to fix that. The patient said you don't know what I mean and began to cry.</p>			
<b>Any additional pertinent information to support the medical necessity for admission.</b>			
Pt is putting self and others at risk.			
<b>I affirm all information is a true and accurate description of the above individual.</b>			
Completed by:	Diane Smith, RN		
Date:	1/11/2016		