



60 Day Review Of Residential/Psychiatric Treatment Services

<hr/> <i>Child's Name</i>	<hr/> <i>Date of Birth</i>	<hr/> <i>Date of Report</i>
<hr/> <i>Facility Name</i>	<hr/> <i>Court Case Number</i>	<hr/> <i>Date of Placement</i>

1 Summary of Referring Problems:

2 Psychiatric Treatment Plan Status:

3 Medications

4 Current Diagnosis:

Psychological/Therapy Update

My recommendation that the child receive acute inpatient psychiatric services is based on the following:

1 Individual Therapy:

2 Group:

3 Family:

4 Medical/Dental Update:

Psychological/Therapy Update ~ *continued*

My recommendation that the child receive acute inpatient psychiatric services is based on the following:

5 Family Contact:

6 Clinical Treatment Plan Status (Include recommendation for continued residential treatment services and estimated length of services)

7 Projected Discharge Date

8 Recommendation for level of care and potential placement options upon discharge:

D. Additional Notes

I am the Medical Director or designee of _____, and have reviewed the records, staff reports and recommendations of the clinical staff. I have determined that residential treatment services in this facility continue to be necessary to meet the child’s mental health needs and that it is the least restrictive available alternative.

Name of Residential Treatment Facility

A.R.S. § 8-201 (19) defines a “medical director of a mental health agency” as a psychiatrist, or licensed physician experienced in psychiatric matters, who is designated in writing by the governing body of the agency as the person in charge of the medical services of the agency; or a psychiatrist designated by such a governing body to act for the director. The term includes the superintendent of the State Hospital.

Psychiatrist, Psychologist or Physician Performing Assessment, Psychiatric/Mental Health Nurse Practitioner Name (Printed)

Email Address

Facility Phone No.

Psychiatrist, Psychologist or Physician Performing Assessment, Psychiatric/Mental Health Nurse Practitioner Signature

Date of Report



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