

ADMISSION

Certificate of Need for PHP

Admission Date:

1. I certify it is medically necessary that this patient receive Outpatient Partial Hospitalization Services. These services will be furnished under my care with a written plan of treatment identifying the therapeutic focus.
2. I estimate _____ days / _____ weeks of PHP Outpatient Services are necessary for proper treatment of this patient.
3. **PHP Outpatient Service** elements this patient will participate in:
 - ☐ Group and/or Individual Therapy
 - ☐ Multi Family Group Therapy
 - ☐ Training/Education Services
 - ☐ Other: _____
4. Diagnosis: _____
5. The therapeutic focus/goals to facilitate discharge from **PHP Outpatient Services** are:
 - ☐ Learn Coping Skills
 - ☐ Maintain safety
 - ☐ Connection with Community Resources
 - ☐ Improve ADLs
 - ☐ Stabilize Mood
 - ☐ Symptom Management
 - ☐ Healthy Living Habits
 - ☐ Other: _____
6. My plans for post **PHP Outpatient Services** for this patient are:
 - ☐ Home
 - ☐ Home Health Agency
 - ☐ Office Care
 - ☐ Extended Care
 - ☐ Other: _____

Physician Signature: _____ Date: _____

MercyOne Medical Center
PHP Certification



ORDERS

Patient Label