



# Macomb County Community Mental Health Coordination Of Care

First Resources Southwest  
6555 15 Mile Road  
Sterling Heights, MI 48312-4511

Date

Provider Address

CLIENT INFORMATION			
CLIENT NAME	CASE #	DATE OF BIRTH	MEDICAID ID
ADDRESS		GENDER	TELEPHONE

The above named individual is receiving treatment at Macomb County Community Mental Health. The purpose of this letter is to facilitate ongoing coordination of care.

Please provide us with the following information and update us as necessary with any changes in the medical condition of this individual. We are attaching a release of information. Please fax or mail to the address above.

Individual is no longer a patient at this facility.

Date of last medical appointment: \_\_\_\_\_

Current Medical Diagnosis (ICD9/10): \_\_\_\_\_

Current Medications:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Allergies: \_\_\_\_\_

Major Health Care Issues:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Concerns: (Regular E.R. use, Trauma, Social Service need, Substance Abuse):

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_



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We are providing the following information in order to facilitate the coordination of care for the individual .

Primary Psychiatric Diagnosis:

Current Psychiatric Medications:

Most Recent Hospital Admission: \_\_\_\_\_ Date: \_\_\_\_\_

Current Treatment:

- Out-patient Therapy
- Case Management
- Supports Coordination
- Medication Management

Prescribing Psychiatrist: \_\_\_\_\_

Care Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_