

ARIZONA DEPARTMENT OF CHILD SAFETY
60 DAY REVIEW OF RESIDENTIAL/PSYCHIATRIC TREATMENT SERVICES

CHILD'S NAME:	DOB:	COURT CASE NUMBER:
DATE OF REPORT:	FACILITY NAME:	DATE OF PLACEMENT:
Summary of Referring Problems:		
Psychiatric Treatment Plan Status:		
Medications:	Current Diagnosis:	
Axis I:	Axis II:	
Axis III:	Axis IV:	
Axis IV:	Axis V:	
PSYCHOLOGICAL/THERAPY UPDATE		
Individual Therapy:		
Group:		
Family:		
Medical/Dental Update:		
Educational/Vocational Update:		
Family Contact:		

Clinical Treatment Plan Status <i>(Include recommendation for continued residential treatment services and estimated length of services)</i>		
Projected Discharge Date:		
Recommendation for level of care and potential placement options upon discharge:		
60 DAY REVIEW OF RESIDENTIAL TREATMENT SERVICES		
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STATEMENT FROM MEDICAL DIRECTOR/DESIGNEE

I am the Medical/Clinical Director or designee of _____ (name of residential treatment facility) 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.

 Medical/Clinical Director/Designee _____
Date

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 governing body to act for the director" The term includes the superintendent of the state hospital.

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