

## Unscheduled Hospitalization Form

Please complete this form and send electronically (via email when possible) to the County Board as directed.

<b>NAME OF INDIVIDUAL / MUI #:</b>
<b>NAME, TITLE OF PERSON COMPLETING FORM, AGENCY, AND CONTACT INFORMATION:</b>
<b>DATE AND TIME OF HOSPITALIZATION AND NAME OF HOSPITAL:</b>
<b>NUMBER OF DAYS IN HOSPITAL:</b> <b>Consider the day of admission as first day and the day of release as the last day.</b>
<b>TYPE OF HOSPITALIZATION (MEDICAL OR PSYCHITARIC)</b>
<b>REASON(S) FOR HOSPITALIZATION:</b> <b>Please include symptoms, issues and/or concerns that led to hospitalization; description of incident; if symptoms were addressed in a timely manner and if not, why?</b>
<b>DESCRIPTION OF INDIVIDUAL'S HEALTH FOR 72 HOURS <u>PRIOR</u> TO HOSPITALIZATION:</b> <b>What steps/interventions were taken prior to the admission?</b>
<b>HAS THE INDIVIDUAL EXPERIENCED ANY SIMILAR ILLNESSES OR HAD A HISTORY OF THE ILLNESS?</b> <b>If so, please explain. List the medical history:</b>
<b>PROVIDE DATE AND CAUSE OF OTHER HOSPITALIZATIONS: Especially those that were not MUIs</b>

INDIVIDUAL'S DIAGNOSES, SUPERVISION LEVEL FROM THE ISP/IHP, DATES OF FLU SHOT, PNEUMONIA VACCINE:

HOSPITAL DIAGNOSES:

**\*ATTACH HOSPITAL DISCHARGE PAPERWORK**

FINDINGS AND CONCLUSIONS:

CAUSES AND CONTRIBUTING FACTORS:

PREVENTION PLAN:

- **Please include any changes (medications, therapy, ISP/IHP, treatments, etc.)**
- **Follow-up appointments and the outcome of the appointment (if possible)**
- **Continuing needs of the individual**
- **PLEASE INCLUDE ALL RELEVANT HOSPITAL AND FOLLOW-UP APPOINTMENT DOCUMENTATION (lap reports, work, x-ray reports, physician progress notes, orders, consult reports, surgical reports, etc.)**
- *PLEASE INCLUDE ALL DOCUMENTATION VERIFYING THIS PREVENTION PLAN*