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| ***DMH Facility Denial of Inpatient Care Reporting Form*** | |
| To be completed by hospital/unit or by population (e.g., adult, geriatric, child, or adolescent) each time there is a denial, except in an instance when there is no open bed, a bed has been promised to an admission, or in the case when multiple requests have been made for the same patient within a single episode, which has already been documented once, (unless the reason for denial of admission has changed). | |
| General data | |
| Date |  |
| Time (or time of denial) |  |
| Patient initials or number with relevant demographics (which may include age and/or gender relevant for the denial) |  |
| Diagnosis (add additional diagnosis as relevant for demonstrating reasons for denial) |  |
| Referral source |  |
| Patient location |  |
| Signature or documentation that denial was signed off and by whom |  |
| Reason/comments | |
| Patient clinical presentation/needs are beyond the current capability |  |
| Unit population mix does not allow admission |  |
| Other extraordinary factors that preclude admission |  |