|  |
| --- |
| ***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 |       |