

**M E M O R A N D U M**

**TO:           SEE DISTRIBUTION**

**FROM:       LEGAL SECTION**  
**LEGAL & SPECIAL SERVICES**

**SUBJECT:    CONTINUED HABILITATION REVIEW**

The following reviews are scheduled for **Thursday, \_\_\_\_\_, 2001** beginning at **10:00 A.M.**

If the client is in the Medical Surgical Hospital at the time of the scheduled review it is the parent ward staff's responsibility to prepare an updated treatment plan. The chairperson of the Review Committee is responsible for dispatching a member of the Committee to the Medical Surgical Center to interview the client before the Committee meets and makes a report to the full Committee. As you are aware, the treating physician must present each case to the chairperson of this Committee.

**\*Members of the Committee who cannot attend are to be replaced by someone in their absence and should notify the chairperson at \_\_\_\_\_.**

If any of the following clients have been transferred, discharged or expired before the date of the review, it is the responsibility of the treatment team members to notify the chairperson of this Committee.

**CONTINUED HABILITATION REVIEW  
PAGE TWO**

_____, M.D.			
CONFERENCE ROOM, _____		BUILDING	
CLIENT NAME	CHART #	LOCATION	COUNTY

_____, M.D.			
CONFERENCE ROOM, _____		BUILDING	
CLIENT NAME	CHART #	LOCATION	COUNTY

_____, M.D.			
CONFERENCE ROOM, _____		BUILDING	
CLIENT NAME	CHART #	LOCATION	COUNTY

**DISTRIBUTION:**

\* \_\_\_\_\_ CHAIRPERSON (# )  
 (# )  
 (# )

\* \_\_\_\_\_, MEMBER  
 \* \_\_\_\_\_, MEMBER

\* CONTINUED HABILITATION MEMBERS