

McLaren Print System Order

Order No: 42163 Reprint Previous Order No: 25181

Order Date: 2019-01-23 User: Shannon Pierce Phone: 810-496-0940

Ship Location: Lapeer Occupational and Convenient Care

1254 N Main St Lapeer, MI 48446

Forms

Quantity: 1000

Paragon Dept No: 50507

Dept Name: Grand Blanc Occupational and Convenient Care

Company Number: 810

Order Total Price: 0.00

Item Number: MM-352

Item Description: Needs Assessment

Revision Date: 10/2018

Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11 Fold:

Finish: None Drill: None

Misc Info: ss;black

	Needs Asse	
Patient Name (First, Last)		Date of Birth
Outs of Assessment:		
fatient: Please fill out the	information below to better assist us	with your care.
Our goal is to educate our	patients in order to provide the best	possible care. Would you consider yourself ready to
Learning Profesence	Cultural Considerations	
Check of that easily.		of practices that we should be passe of?
Demonstration	Tes No. If Yes, piezoe describe:	
T) Weles	Communication Needs	
Read Instructions		жыл ПанПан
Picture Instructions	On you write? You You	
No preference	Gar you write? Yes	-
Language Professors	Charles Charles	-
Doglish Cities, pla	anne fied	
Do pity need an interpret	-1 D s- D s-	
	No. Do you use sign language?	ter [] to [] to
Safety		
	fre home? [] Yes [] No	
	ou take safety presautions with firear	ms in the home? [] Yes No] NA
Abuse		
		rich is why ge routingly screen all patients for violence o
	nu experiencing violence and/or sexua	datase? [] Yes [] No
Aud Blok		Clinical Staff: If Yes checked for any Fall Risk question
Audi Blok Have you fallen in the last		Clinical Staff: If Yes checked for any full floit question was full Provention Education given?
Audi Blok Have you fallen in the last	specif () No. () No National or confusion? () Yes () No.	Clinical Staff: If Yes checked for any Fall Risk question was Fall Provention Education given?
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