

McLaren Print System Order

Order No: 42221 Reprint Previous Order No: 25181 Order Date: 2019-01-25 User: Deb Oldenburg Phone: 989-667-6358

Ship Location: Mclaren Bay Health Pavilion Deb Oldenburg 3175 W Professional Dr Bay City, mi 48706

Forms Quantity: 100 Paragon Dept No: 69500 Dept Name: Bay Breast Surgery Company Number: 810

Order Total Price: 3.60

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: 2 Hole Top Misc Info: ss;black

MEDICAL MINUP	Needs Assessment		
Patient Name (First, Last)		Date of Kirth	
Outs of Assessment:			
Patient: Please M and the	information below to better assist us a	with your care.	
Our goal is to educate ou learn? [] Yes. [] No	r patients in order to provide the best p	mobile care. Would pro consider yourself ready	
Gearning Preference	Cultural Considerations		
Check of their apply.	On you have any religious or cultural practices that we should be seare of?		
Demonstration	Tes ho if tes, please describe:		
1 Video		Communication Newly	
Real Instructions	On you have impaired vision or are blend? Yes No		
Pature instructions	Can pix read?		
No preference	Can you write?		
Language Professors	1 m 1		
Digitah Colles, ph	wante field		
Do you need an interpret			
	No de ans une sign language?	- Dec Dec	
Safety	Leo De los cos ello pullimillo, PL a	n Die Die	
the you keep fire arms in:	the home? 🗌 Yes 🗋 No		
If you areasened Yes, do y	rou take safety precautions with firearm	s is the home? [Fes.] No.] NA	
Abuse			
Violence and/or sexual all	issue is a problem for many people, whi	ch is alwy go routingly screen all patients for wol-	
abuse in their lives. Are p	its experiencing stolence and/or sexual		
Aut Rok		Clinical Staff: If Yes checked for any Fall Risk go	
Have you fallen in the last		was fall Prevention Education given?	
	fulness or confusion? 📋 Yes 📋 No	Q To Q To	
Do you use a walker or ca	eter? [] Yes [] No	NA, give reason	
Depression Screening		Clinical Staff: If Yes checked for either Depress	
the function of the second	ave you experienced any of the	Screening question, the Provider will complete	
		PHD 8 screening.	
Over the part 2 weeks, he following			
Over the part 2 weeks, he following	in doing things - Yes - No		
Over the part 2 weeks, he following	or hopeless Yes No		
Over the part 2 weeks, he following	in during things Yes No or hopeliess Hes No		
Over the past 2 weeks, to following Utile interval or pleasure feeling down, depressed Advanced Directive Do you have at Advanced	Directive, which is written instructions	for your family and health care provider in the e	
Over the past 2 weeks, to following Utile interval or pleasure feeling down, depressed Advanced Directive Do you have at Advanced	Directive, which is written instructions	for your family and health care provider in the e No	
Over the past 2 weeks, to following Utile interval or pleasure feeling down, depressed Advanced Directive Do you have at Advanced	Directive, which is written instructions	for your family and health care provider in the e No. No. 34A	
Over the part 2 works, fo following Utile interest or pleasure facing down, depressed Advanced Directive On pro-fraze an Advanced that you-cancel make a d Woold you file information		No NA	
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Over the part 2 works, fo following Utile interest or phraser Advanced Directive Do provide an Advanced Misself you have an Advanced Misself you have an Advanced Would you have informatio Clinical Staff. If Yes shock	(Directive, which is arritren instruction incluins about your card? %s [on an Advanced Directives? %s [ed for Advanced Directive, was informa-	No No NA Ganguest Yes No	
Over the part 2 works, to following Calific Interest or pleasure facing drawn, depresed Advanced Develope On part have an Advanced Mound you has not Advanced Mound you has information Cleased Guilt II Was should information Clease by Cleased Suff My	(Directive, which is arritren instruction incluins about your card? %s [on an Advanced Directives? %s [ed for Advanced Directive, was informa-	No No NA Ganguest Yes No	