McLaren Business Products

McLaren Print System Order

Order No: 42639 Reprint Previous Order No: 5557
Order Date: 2019-02-06
User: Tonya Furtah
Phone: 8105618450

Ship Location: MMG-St. Clair Family Practice - Attn: Tonya
1163 St. Carney Drive
St. Clair, MI 48079
Forms
Quantity: 100
Paragon Dept No: 66000
Dept Name: MMG-St. Clair Family Practice
Company Number: 810

Order Total Price: 22.60

Item Number: MM-17283
Item Description: Pre-Operative Clearance Consultation
Revision Date: 4/2008
Print: 2 sided full color
Paper: 28# Color Copy Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Ambulatory Care Center

PRE-OPERATIVE CLEARANCE CONSULTATION*

*requires completion of all highlighted areas

Request made by ________ ☐ M.D. ☐ D.O. on ________ (Date)

Reason ________

Allergies ________

Current Medications ________

Past Medical History (check if present) or ☐ None

☐ Hypertension
☐ Coronary Artery Disease
☐ Myocardial Infarction
☐ Irregular Heart Beat
☐ Congestive Heart Failure
☐ Peripheral Vascular Disease
☐ Murmur
☐ Pacemaker/ICD
☐ COPD
☐ Asthma
☐ Tuberculosis
☐ GERD
☐ Hepatitis
☐ Ulcers
☐ CVA
☐ Transient Ischemic Attack
☐ Seizures
Diabetes Mellitus
☐ Type I
☐ Type II
Thyroid
☐ Hypothyroidism
☐ Hyperthyroidism
☐ Cancer
☐ Chronic Kidney Disease
☐ Bleeding Disorders
____ Pregnancies
____ Deliveries
☐ Other

Past Surgical History ________

Social History ☐ Occupation ____ ☐ Smoking ____ ☐ Drugs ____ ☐ Alcohol ____ ☐ Abuse (Psychosocial) ____

Family History ☐ Diabetes ☐ Heart Disease ☐ Bleeding Disorders ☐ Cancer ☐ Malignant Hyperthermia

Review of Systems (check if present) or ☐ None

☐ Chest Pain
☐ Shortness of Breath
☐ Cough
☐ Sore Throat
☐ Fever/Chills
☐ Dizziness
☐ Nausea/Vomiting
☐ Constipation
☐ Diarrhea
☐ Visual Disturbance
☐ Hearing Problems
☐ Light-headedness
☐ Altered Bowel Habits
☐ Altered Bladder habits
☐ Dyspepsia/Dysphagia
☐ Anorexia/Weight Loss
☐ Fatigue/Weakness
☐ Weakness in Extremities

PRE-OPERATIVE CLEARANCE CONSULTATION