

## **McLaren Print System Order**

Order No: 52831 Reprint Previous Order No: 25181

Order Date: 2020-02-25 User: Theda Simmonds Phone: 989-393-2857

Ship Location: McLaren Occupational and Convenient Care - Bay City

4 Columbus Ave Bay City, MI. 48708,

**Forms** 

Quantity: 1000

Paragon Dept No: 69100

**Dept Name: Occupational 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)		Outs of Birth
Date of Assessment:		
fatient: Please fill out the	information below to better assist us	with your care.
Our goal is to educate out learn?   Yes   No	patients in order to provide the best p	possible care. Would you consider yourself ready to
learning Profesence	<b>Cultural Considerations</b>	
Check of their spale.		i practices that we should be swore of?
Demonstration	Tes   No. If Yes, please describe	
T) Welen	Communication Names	
Read instructions	An are A sea inserting a street or an	NAME OF THE OWN
Picture Instructions	Can pin read?   Yes	No.
No preference	Carryon series Yes	No.
Language Professore	Carporate D 111 D	-
Chylish C Other, pin	name first	
Do prou need an interpret		
	No. the area use sign language?	or Day Day
	go go ion nee ollo pubrelles, [7],	er Day Day
Safety		
	the home? [] Yes [] No	
	ou take safety presautions with finears	in to the home! [] fee: [] fee: [] fee
Abuse		
		ich is why ge routingly screen all patients for violence o
	ns experiencing violence and/or sexual	
Aud Blok		Clinical Staff: If Yes checked for any Fall Risk question
Have you fallen in the last		was full Prevention Education given?
Have you fallen in the last Do you experience forget	Niness or confusion? [] Yes [] No	D Yes D No
Have you faller in the last Do you experience forget Do you use a walker or ca	Niness or confusion? [] Yes [] No	Too () No MA give reason
Have you faller in the last Do you experience forget Do you use a walker or ca	Niness or confusion? [] Yes [] No	D Yes D No
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Have you fallen in the last the you experience forget the you use a walker or ca Sepression Servening their the past 2 works, to following	fulness or confusion?   Yes   No. nex?   Yes   No. nex you experienced any of the	Tes () No No NA, give reason.  Closical Staff: If Yes checked for either Depression
Have you fallen in the last the you experience forget the you use a walker or ca Sepression Servening their the past 2 works, to following	fulness or confusion?   Yes   No. nex?   Yes   No. nex you experienced any of the	Ten No.  No. give reason.  Clinical Staff: if Yes checked for either Depression. Screening question, the Provider will complete a
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