

McLaren Print System Order

Order No: 53139
 Order Date: 2020-03-05
 User: shirley liddell
 Phone: 810-342-5333

Ship Location: McLaren OakBridge Center PHP - Shirley Liddell
 4448 Oakbridge
 FLINT, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 43560
 Dept Name: McLaren OakBridge Center PHP
 Company Number: 60

Order Total Price: 132.70

Item Number: M-17432
 Item Description: Nurses Assessment Form
 Revision Date: 9/2019
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: Staple (Upper Left)
 Drill: 5 Hole Top
 Misc Info:

McLAREN FLINT
 FLINT, MICHIGAN
 Behavioral Medicine
 NURSES ASSESSMENT FORM

1. IDENTIFYING INFORMATION

NAME (PATIENT PREFERRED) _____
 IF APPLICABLE, LEGAL GUARDIAN NAME AND PHONE NUMBER _____
 PHYSICAL ASSESSMENT COMPLETED BY _____
 TYPE OF ADMISSION VOLUNTARY _____ INVOLUNTARY _____
 VIS TYPE BP PULSE TEMP RR _____
 HEIGHT WEIGHT ALLERGIES _____
 PATIENT'S LEVEL OF EDUCATION _____

2. DESCRIBE CHIEF COMPLAINT/REASON FOR SEEKING TREATMENT:

3. RECENT EXPOSURE TO INFECTIOUS OR CONTAGIOUS DISEASE? YES NO (DESCRIBE)

4. HISTORY OF SERIOUS ILLNESS OR INJURY

5. DOES PATIENT HAVE HISTORY OF (any/all)

SEIZURES	ULCERS	STDs
HYPERTENSION	DIABETES	OTHER
STROKE	HEART DISEASE	
LIVER DISEASE	CANCER	
KIDNEY DISEASE	HIV	

6. DOES PATIENT CURRENTLY HAVE PROBLEMS WITH:

HEARING	BOWEL DISEASE OR PROBLEMS	AMBULATION - FREQUENT FALLS
EYESIGHT	ULCERS	SKIN RASHES OR ABRASIONS
CANCER	HEART DISEASE	OTHER
DIABETES	NEUROMUSCULAR DISORDERS	
RESPIRATORY PROBLEMS		
PROBLEMS WITH URINATION		

SKIN FINDINGS: No Findings
 Skin disorders: Psoriasis Eczema Rash Describe: _____
 Itching? Yes No Describe: _____
 Skin Turgor: Dry Elastic Cracked Other Describe: _____

Number and explain any bruises, abrasions, scars, tattoos, etc.



NURSES ASSESSMENT FORM
 9/2019 Rev. 03/19



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Spec Info: