

McLaren Print System Order

Order No: 55256 Reprint Previous Order No: 5567
Order Date: 2020-07-09
User: ashley d'souza
Phone: 5179751402

Ship Location: MGL Okemos Womens
2104 Jolly Rd Ste 220
Okemos, Mi 48864

Forms
Quantity: 1000
Paragon Dept No: 67500
Dept Name: MGL Okemos Womens
Company Number: 810

Order Total Price: 0.00

Item Number: MM-140
Item Description: OB/GYN Questionnaire
Revision Date: 10/2019
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN MEDICAL GROUP
OB/GYN QUESTIONNAIRE
DATE: _____ LEGAL NAME: _____ MAIDEN NAME: _____
SEXUAL PREFERENCE: Male Female Both
PREGNANCIES: _____
ABORTIONS: _____
MISMANAGES: _____
PERIODS: Age started: _____ Age stopped: _____
Flow is: Heavy Medium Light How many days in a cycle: _____ First day of last menstrual period: _____
Any recent changes in periods: No Yes Explain: _____
BIRTH CONTROL: No Yes Method: _____
Last Mammogram: Normal Abnormal Last Pap: Normal Abnormal
Any History of Abnormal Pap: No Yes
GENERAL: Heart, Lungs, Blood, Digest, Vision, Hearing, etc.
ENTOURNAIN: Anxious, Nervous, Sleep, etc.
MUSCULOSKELETAL: Stiffness, Pain, etc.
MIB AND BREAST: Lumps, Changes, etc.
ENDOCRINE: Thyroid, Diabetes, etc.
NEUROLOGICAL: Headaches, Dizziness, etc.
PSYCHIATRIC: Depression, Anxiety, etc.
GASTROINTESTINAL: Stomach, Bowel, etc.
REPRODUCTIVE HEALTH: Menstrual, Pregnancy, etc.
OFFICE USE ONLY: Special Learning Needs, Language Preference, etc.