

McLaren Print System Order

Order No: 56209
Order Date: 2020-08-21
User: Susan Hillger
Phone: 248-866-2048

Ship Location: McLaren PT (Janel Anderson)
G-3239 Beecher Rd
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 38260
Dept Name: McLaren Flint
Company Number: 60

Order Total Price: 0.00

Item Number: 17619
Item Description: Patient Self-Assessment
Revision Date: 6/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
PATIENT SELF-ASSESSMENT

What accident/injury brings you here today?
What treatments are you getting now?
Were you hospitalized for this condition?
When and where?

Medical History and Surgical History tables with columns for conditions and dates.

- Current Functional Issues: Dizziness, Balance, Walking, Muscle weakness, Headaches, Visual deficits, Double/blurred vision, Memory issues, Concentration problems, Organization, Communication difficulty, Difficulty with self care, Difficulty with home chores, Sleep disturbances, Chewing/swallowing problems, Depression/Anxiety/irritability, Anger/impulse control, Suicidal thoughts/Attempts, Alcohol/Drug abuse, Smoking dependence, Hearing deficits/Hearing aids.

Please answer the following questions:
Do you have a pacemaker?
Do you have any metal or other implants in your body?
Do you wear any splints or braces?
Do you feel afraid or unsafe with your partner or anyone else?
Have you been verbally, emotionally, physically, or sexually harassed/threatened by your partner or anyone else?
Have you been financially exploited by your partner or anyone else?
Have you had 1 or more falls in the past 6 months?

Spec Info:

If you are feeling pain please indicate the location on the chart.
Describe your pain?
What is your goal for therapy?
Signed: \_\_\_\_\_ Date \_\_\_\_\_
Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_



PATIENT SELF-ASSESSMENT
Barcode and ID numbers.