

McLaren Print System Order

Order No: 60433
 Order Date: 2021-02-19
 User: Susan Hillger
 Phone: 248-866-2048

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

Forms

Quantity: 1000
 Paragon Dept No: 38110
 Dept Name: McLaren Flint - Flint PT
 Company Number: 60

Order Total Price: 0.00


Item Number: MHCC17242
 Item Description: Ultraviolet Evaluation Form
 Revision Date: 9/2013
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

McLAREN FLINT
 FLINT, MICHIGAN
 DEPARTMENT OF PHYSICAL THERAPY
 ULTRAVIOLET EVALUATION FORM

Patient Name _____ Age _____ Sex _____ Date _____
 Referring Dermatologist _____ Referred by PMS _____ UVB _____
 Diagnosis _____ Onset of Diagnosis _____ Recent Exacerbation _____
 History _____ Current Level of Function _____ Prior Level of Function _____
 Previous/Alternative treatment for this condition: PUVA _____ UVB _____ Topical PUVA _____
 Is this facility? yes _____ no _____ when? _____
 Tanning facility? yes _____ no _____ when? _____ where _____
 Other facility? yes _____ no _____ when? _____ where _____
 Was previous treatment effective? yes _____ no _____
 Social Living Situation _____ Occupation _____
 Current Medical Conditions _____
 Diabetes? _____ Pacemaker? _____ CWI? _____ Clozapine? _____ COPD? _____ Flu/Sprayer? _____
 Disinfect? _____ CRT? _____ Other standing medications/Full Rx _____
 Light sensitive medications _____
 Responders after _____ mg of the 30 minutes before treatment
 Current topical medications used _____
 Photos Present? yes _____ no _____ when? _____ Contact or Intolerance _____
 Sleep Pattern _____
 Does natural sunlight improve lesion? yes _____ no _____ Don't get in the sun _____
 Skin Type: I _____ II _____ III _____ IV _____ V _____ VI _____
 Does your skin easily burn _____ sometimes burn _____ easily tan _____

Area of Skin Affected:

Severity	minimal	moderate	severe
erythema	_____	_____	_____
edema	_____	_____	_____
itch	_____	_____	_____
Prick 0 - 10	_____	_____	_____
Stinging Intensity 0 - 10	_____	_____	_____
Present Body Coverage: 0-25% _____			
25-50% _____ 50-75% _____ over 75% _____			
Dermatology Life Quality Index			
Score _____ % Disability _____			



Spec Info:

ULTRAVIOLET EVALUATION FORM
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