

McLaren Print System Order

Order No: 63203 Reprint Previous Order No: 5567
Order Date: 2021-06-24
User: Victoria Tijerina
Phone: 5173031371

Ship Location: Grand Ledge Health Center
1035 Charlevoix Dr Ste 200
Grand Ledge , MI 48837

Forms

Quantity: 1000
Paragon Dept No: 51015
Dept Name: McLaren Grand Ledge
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: _____ MARIEN NAME: _____

HISTORY
Sexual Preference: Male Female **Partner Not to Answer**

| | | | |
|-----------------------|--------------------|------------------|---------------------|
| Prepregnancies: _____ | Live Births: _____ | Abortions: _____ | Miscarriages: _____ |
|-----------------------|--------------------|------------------|---------------------|

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: _____ Last Pap: _____
Any History of Abnormal Pap: No Yes

GENERAL:
 Fever Chills Sweats Fatigue Anorexia Weight loss Weight gain Anorexia Loss of appetite Weight gain Eating problems

EYES:
 Blurred vision Double vision Itching Redness Pain Discharge

EAR, NOSE, THROAT, SINUS:
 Ear pain Ear discharge Hearing loss Ringing in ears Frequent nose bleeds Sinusitis Frequent sore throats Frequent sinus infections

RESPIRATORY:
 Shortness of breath Cough Wheezing Hoarse voice Frequent respiratory infections Frequent sinus infections

CARDIOVASCULAR:
 High blood pressure Chest pain Rapid heartbeat Dizziness Fainting Swelling in feet Shortness of breath Frequent falls

GASTROINTESTINAL:
 Stomach problems Heartburn Frequent vomiting Frequent diarrhea Frequent constipation Frequent bloating Frequent indigestion Frequent nausea Frequent vomiting Frequent diarrhea Frequent constipation Frequent bloating Frequent indigestion Frequent nausea

GENITOURINARY:
 Urinary tract problems Urinary frequency Urinary urgency Urinary pain Urinary incontinence Urinary retention Urinary infection Urinary stones Urinary obstruction Urinary fistula Urinary stricture

MUSCULOSKELETAL:
 Joint pain Joint swelling Joint stiffness Joint redness Joint warmth Joint tenderness Joint clicking Joint locking Joint instability Joint deformity Joint fracture Joint dislocation Joint subluxation Joint sprain Joint strain Joint tear Joint rupture Joint infection Joint cancer

PSYCHIATRIC:
 Depression Anxiety Agitation Memory loss Obsessive compulsive disorder Bipolar disorder Schizophrenia Personality disorder Borderline personality disorder Narcissistic personality disorder Antisocial personality disorder Borderline personality disorder Narcissistic personality disorder Antisocial personality disorder

ENDOCRINE:
 Thyroid problems Diabetes Adrenal problems Pituitary problems Hypothalamic problems Parathyroid problems Pancreatic problems Pituitary tumors Adrenal tumors Thyroid nodules Thyroid cancer Adrenal cancer Pituitary cancer Hypothalamic cancer Parathyroid cancer Pancreatic cancer

NEUROLOGICAL/PSYCHIATRIC:
 Headaches Dizziness Vertigo Tremor Tics Stuttering Seizures Epilepsy Multiple sclerosis Parkinson's disease Alzheimer's disease Huntington's disease Amyotrophic lateral sclerosis Spina Bifida Cerebral palsy Muscular dystrophy Friedreich's ataxia Phenylketonuria Sickle cell anemia Tay-Sachs disease Phenylketonuria Sickle cell anemia Tay-Sachs disease

REPRODUCTIVE HEALTH:
 Unplanned pregnancy Infertility Miscarriage Stillbirth Preterm labor Gestational diabetes Hypertension Anemia Depression Anxiety Agitation Memory loss Obsessive compulsive disorder Bipolar disorder Schizophrenia Personality disorder Borderline personality disorder Narcissistic personality disorder Antisocial personality disorder

OFFICE USE ONLY
Special Learning Needs: No Yes, specify: _____
Language Preference for Healthcare: English Other specify: _____
Provider's Signature: _____ Date/Time: _____

OB/GYN QUESTIONNAIRE
MM-140-0100

Name: _____
Date: _____