

McLaren Print System Order

Order No: 5759
Order Date: 2014-09-12
User: lynn thomas

Ship Location: Flushing Community Medical Center
2487 N Elms Rd
Flushing, MI 48433

Forms
Quantity: 500
Paragon Dept No: 63600
Dept Name: Flushing
Company Number: 810

Order Total Price: 26.90

Form Number: MM-140
Form Description: OB/GYN Questionnaire
Revision Date: 11/2013
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLaren Medical Group
OB/GYN QUESTIONNAIRE
DATE: \_\_\_\_\_ LEGAL NAME: \_\_\_\_\_ MARDEN NAME: \_\_\_\_\_
HISTORY
Pregnancies: \_\_\_\_\_ Live Births: \_\_\_\_\_ Abortions: \_\_\_\_\_ Miscarriages: \_\_\_\_\_
PERIOD: Age started: \_\_\_\_\_ Age stopped: \_\_\_\_\_
Flow:  Heavy  Medium  Light How many days in a cycle: \_\_\_\_\_ Date 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:
Growth: \_\_\_\_\_
Blood pressure: \_\_\_\_\_
EYES: \_\_\_\_\_
EARS, NOSE, THROAT, MOUTH: \_\_\_\_\_
NEUROLOGICAL: \_\_\_\_\_
MUSCULOSKELETAL: \_\_\_\_\_
CARDIOVASCULAR: \_\_\_\_\_
GASTROINTESTINAL: \_\_\_\_\_
OB/GYN: \_\_\_\_\_
OFFICE USE ONLY: \_\_\_\_\_