McLaren Business Products

McLaren Print System Order

Order No: 6058
Order Date: 2014-09-25
User: lynn thomas
Phone: 810-487-3500

Ship Location: Flushing Community Medical Center
2487 N Elms Rd
Flushing, MI 48433
Forms
Quantity: 100
Paragon Dept No: 63600
Dept Name: Flushing
Company Number: 810

Order Total Price: 22.60

Form Number: MM-17283
Form Description: Pre-Operative Clearance Consultation
Revision Date: 4/2008
Print: 2 sided full color
Paper: 28# Color Copy Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLaren Ambulatory Care Center

PRE-OPERATIVE CLEARANCE CONSULTATION*

*requires completion of all highlighted areas

Request made by _____ ☐ M.D. ☐ D.O. on _____ (Date)

Reason: _____

Allergies: _____

Current Medications: _____

Past Medical History (check √ if present) or ☐ None

☐ Hypertension
☐ Coronary Artery Disease
☐ Myocardial Infarction
☐ Irregular Heart Beat
☐ Congestive Heart Failure
☐ Peripheral Vascular Disease
☐ Murmur
☐ Pacemaker/ICD
☐ COPD
☐ Asthma
☐ Tuberculosis
☐ GERD
☐ Hepatitis
☐ Ulcers
☐ CVA
☐ Transient Ischemic Attack
☐ Seizures
Diabetes Mellitus
☐ Type I
☐ Type II
Thyroid
☐ Hypothyroidism
☐ Hyperthyroidism
☐ Cancer
☐ Chronic Kidney Disease
☐ Bleeding Disorders
_____ Pregnancies
_____ Deliveries
☐ Other

Past Surgical History _____

Social History
☐ Occupation _____
☐ Smoking _____ ☐ Drugs _____
☐ Alcohol _____ ☐ Abuse (Psychosocial) _____

Family History
☐ Diabetes ☐ Bleeding Disorders ☐ Malignant Hyperthermia
☐ Heart Disease ☐ Cancer

Review of Systems (check √ if present) or ☐ None
☐ Chest Pain ☐ Nausea/Vomiting ☐ Altered Bowel Habits
☐ Shortness of Breath ☐ Constipation ☐ Altered Bladder Habits
☐ Cough ☐ Diarrhea ☐ Dyspepsia/Dysphagia
☐ Sore Throat ☐ Visual Disturbance ☐ Anorexia/Weight Loss
☐ Fever/Chills ☐ Hearing Problems ☐ Fatigue/Weakness
☐ Dizziness ☐ Light-headedness ☐ Weakness in Extremities

Patient Name _____
Date of Birth _____

PRE-OPERATIVE CLEARANCE CONSULTATION