

**McLaren Print System Order**

Order No: 9208  
Order Date: 2015-02-20  
User: Susan Hillger  
Phone: 810-397-3103

Ship Location: McLaren Flint - Bristol PT/ Attn: Wendy Amman  
4466W. Bristol Rd, 3rd floor  
Flint, MI 48507

**Forms**

Quantity: 500  
Paragon Dept No: 38111  
Dept Name: McLaren Flint - Bristol PT  
Company Number: 60

Order Total Price: 0.00

Item Number: M-2825  
Item Description: Initial Evaluation  
Revision Date: 2/2015  
Print: 2 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill: None  
Misc Info:

McLAREN FLINT  
1100 Michigan  
PHYSICAL THERAPY  
INITIAL EVALUATION

Date of Service: \_\_\_\_\_ F \_\_\_\_\_ F \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Referring Doctor: \_\_\_\_\_  
Date/Time: \_\_\_\_\_  
Patient Age: \_\_\_\_\_ Sex:  Female  Male  
Diagnosis: \_\_\_\_\_  
Past Medical History/Complicating Factors: \_\_\_\_\_  
Past Surgical History: \_\_\_\_\_  
Medications: \_\_\_\_\_  
History of Present Illness: \_\_\_\_\_  
Current Level of Function: \_\_\_\_\_  
Prior Level of Function: \_\_\_\_\_  
Social Living Situation: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Past Treatment for Current Condition: \_\_\_\_\_  
Subjective:  
Patient's Goals: \_\_\_\_\_  
Pain (Scale): On the scale of 0 to 10, with 10 being the worst, patient rates pain as: \_\_\_\_\_  
Pain Description: \_\_\_\_\_  
Onset: \_\_\_\_\_  
Mechanism: \_\_\_\_\_  
Activities Pain: \_\_\_\_\_  
Provokes Pain: \_\_\_\_\_  
Sleep Pattern: \_\_\_\_\_  
Objective:  
Observation/Mechanism: \_\_\_\_\_  
Swallow: \_\_\_\_\_

INITIAL EVALUATION  
physical 1100  
mlflint



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