

**McLaren Print System Order**

Order No: 53333  
Order Date: 2020-03-16  
User: Denise Maginity  
Phone: 810-342-5470

Ship Location: BARIATRIC & METABOLIC INSTITUTE/BEECH HILL CENTRE  
G-3200 Beecher Road, MBI  
Flint, MI 48532

**Forms**

Quantity: 500  
Paragon Dept No: 36810  
Dept Name: BARIATRIC & METABOLIC INSTITUTE  
Company Number: 60

Order Total Price: 163.00

Item Number: M-5138  
Item Description: Review of Systems  
Revision Date: 5/2012  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: Staple (Upper Left)  
Drill: 5 Hole Top  
Misc Info: 6 page, 1-sided print only, stapled and 5 hole top punch

McLaren Bariatric and Metabolic Institute  
FLINT, MICHIGAN

**REVIEW OF SYSTEMS**

Patient Name \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_ Gender (please circle) Male / Female

Maximum Weight: \_\_\_\_\_ Maximum Weight Loss: \_\_\_\_\_ Minimum Adult Weight: \_\_\_\_\_  
Years Overweight: \_\_\_\_\_ Years over 100lbs Overweight? \_\_\_\_\_

Hospitalizations: \_\_\_\_\_  
\_\_\_\_\_

Past Surgeries: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Do you have any problems with anesthesia?  Yes  No  
If yes, what problem(s) did you experience? \_\_\_\_\_

Do you smoke or use tobacco?  Yes  No  
If yes, how much? \_\_\_\_\_ How long? \_\_\_\_\_

Do you have a history of smoking?  Yes  No  
If yes, how much? \_\_\_\_\_ How long did you smoke? \_\_\_\_\_ When did you quit? \_\_\_\_\_

Do you drink caffeinated beverages (e.g. coffee or cola)?  Yes  No  
If yes, how much per day? \_\_\_\_\_ What do you drink? \_\_\_\_\_

Do you use any recreational drugs (e.g. marijuana)?  Yes  No  
If yes, what type? \_\_\_\_\_ How often? \_\_\_\_\_

Do you drink alcohol (e.g. beer, wine, liquor)?  Yes  No  
If yes, what type? \_\_\_\_\_ How often (rank, social, daily)? \_\_\_\_\_

**PHYSICAL ACTIVITY**

Do you participate in any exercise?  Yes  No  
If yes, what type? \_\_\_\_\_ How often? \_\_\_\_\_  
do you exercise at one time? \_\_\_\_\_

Describe any physical problems that prevent you from exercising: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVIEW OF SYSTEMS  
1406

Spec. Info: