

## McLaren Print System Order

Order No: 59439 Reprint Previous Order No: 59390  
 Order Date: 2021-01-06  
 User: Bobbie Morris  
 Phone: 989-794-4032

Ship Location: McLaren Midland ENT-Attention Bobbie  
 801 Joe Mann Blvd., Ste H  
 Midland, Michigan 48642

### Forms

Quantity: 1000  
 Paragon Dept No: 56058  
 Dept Name: McLaren Midland ENT  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-34008  
 Item Description: MMENT Medical intake sheet  
 Revision Date: 12/2020  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info: ds

**McLaren** McLaren Midland ENT Candice C Colby, MD

Date \_\_\_\_\_ Referring Physician \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

**REASON FOR TODAY'S VISIT:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAST MEDICAL HISTORY**  
 Do you have any of the following conditions?  
 High Blood Pressure    yes    no    COPD/Emphysema    yes    no    Thyroid Problems    yes    no  
 Heart Disease    yes    no    Asthma    yes    no    Stomach Problems    yes    no  
 Heart Attack    yes    no    Liver Problems    yes    no    Neurologic Problems    yes    no  
 Diabetes    yes    no    Kidney Problems    yes    no    Cancer    type \_\_\_\_\_

Other chronic diseases or past illnesses? \_\_\_\_\_  
 \_\_\_\_\_

**PAST SURGICAL HISTORY** Please list all past surgeries and year:  
 \_\_\_\_\_  
 \_\_\_\_\_

**ANESTHESIA COMPLICATIONS?** YES    NO

**CURRENT MEDICATIONS:** (please include prescription and over the counter medications and amount of each)  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRUG ALLERGIES:** (please list drug allergy and reaction)  
 \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY HISTORY** Please complete the following regarding your immediate family.  
 HAD ANY FAMILY MEMBER HAD ANY PROBLEMS WITH THE FOLLOWING:

Ear disease	Family member (last name)	Thyroid disease	Family member (last name)
Hearing loss	_____	Phlegm	_____
Cancer	_____	Musculoskeletal disease	_____
High Blood Pressure	_____	Stomach	_____
Heart Disease	_____	Hemorrhagic/lymphatic	_____
Stroke	_____	Neurological disease	_____
Anesthesia problems	_____	Diabetes	_____
Other	_____		