

**McLaren Print System Order**

Order No: 7992 Reprint Previous Order No: 7617  
 Order Date: 2015-01-06  
 User: shirley liddell  
 Phone: 810-342-5333

Ship Location: McLaren OakBridge Center PHP - Shirley Liddell  
 4448 Oakbridge  
 FLINT, MI 48532

**Forms**

Quantity: 500  
 Paragon Dept No: 43560  
 Dept Name: McLaren OakBridge Center PHP  
 Company Number: 60

Order Total Price: 65.20

Item Number: M-17432  
 Item Description: Nurses Assessment Form  
 Revision Date: 10/2006  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

McLaren Form  
 PRINT SERVICES  
 Behavioral Medicine  
 NURSES ASSESSMENT FORM

**1. IDENTIFYING INFORMATION**  
 NAME, PATIENT PREFIX \_\_\_\_\_  
 (IF APPLICABLE) LEGAL GUARDIAN, NAME AND PHONE NUMBER \_\_\_\_\_  
 PHYSICAL ASSESSMENT COMPLETED BY: \_\_\_\_\_  
 TYPE OF ADMISSION: VOLUNTARY \_\_\_\_\_ INVOLUNTARY \_\_\_\_\_  
 VIS TYPE: BP \_\_\_\_\_ PULSE \_\_\_\_\_ TEMP \_\_\_\_\_ RR \_\_\_\_\_  
 HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ ALLERGIES \_\_\_\_\_  
 PATIENT'S LEVEL OF EDUCATION \_\_\_\_\_  
**2. DESCRIBE CHIEF COMPLAINT/REASON FOR SEEKING TREATMENT:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. RECENT EXPOSURE TO INFECTIOUS OR CONTAGIOUS DISEASE? YES NO (DESCRIBE)**  
 \_\_\_\_\_

**4. HISTORY OF SERIOUS ILLNESS OR INJURY**  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. DOES PATIENT HAVE HISTORY OF (circle)**

SEIZURES	ULCERS	STDs
HYPERTENSION	DIABETES	OTHER
STROKE	HEART DISEASE	
LIVER DISEASE	CANCER	
KIDNEY DISEASE	HIV	

**6. DOES PATIENT CURRENTLY HAVE PROBLEMS WITH:**

HEARING	BOWEL DISEASE OR PROBLEMS	AMBULATION - FREQUENT FALLS
EYESIGHT	ULCERS	SKIN RASHES OR ABRASIONS
CANCER	HEART DISEASE	OTHER
DIABETES	NEUROLOGICAL DISORDERS	
RESPIRATORY PROBLEMS		
PROBLEMS WITH URINATION		

SKIN FINDINGS:  No Problem  
 Skin disorders:  Psoriasis  Eczema  Rash Describe \_\_\_\_\_  
 Itching?  Yes  No Describe \_\_\_\_\_  
 Skin Turgor:  Dry  Elastic  Clacked  Other Describe \_\_\_\_\_

Number and explain any bruises, abrasions, sores, lacerations, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



NURSES ASSESSMENT FORM  
 8/10/06 Rev 1/2006 (6)



660

41

42

43