

McLaren Print System Order

Order No: 9896
Order Date: 2015-03-19
User: Susan Hillger
Phone: 810-397-3103

Ship Location: McLaren Flint - Flushing PT/ Kim Locke
2500 North Elms Rd
Flushing, MI 48433

Forms

Quantity: 500
Paragon Dept No: 38113
Dept Name: McLaren Flint - Flushing PT
Company Number: 60

Order Total Price: 0.00

Item Number: 17619
Item Description: Patient Self-Assessment
Revision Date: 6/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
PATIENT SELF-ASSESSMENT

What accident/injury brings you here today?
What treatments are you getting now?
Were you hospitalized for this condition?
When and where?

In the present time, would you say that your health is (circle answer): excellent good fair poor?

Medical History and Surgical History tables with columns for conditions and dates.

- Current Functional Issues: Checklist including Dizziness, Balance, Walking, Muscle weakness, etc.

Please answer the following questions:
Do you have a pacemaker?
Do you have any metal or other implants in your body?
Do you wear any splints or braces?
Do you feel afraid or unsafe with your partner or anyone else?
Have you been verbally, emotionally, physically, or sexually harassed/threatened by your partner or anyone else?
Have you been financially exploited by your partner or anyone else?
Have you had 1 or more falls in the past 6 months?

If you are having pain please indicate the location on the chart.
Describe your pain?
What is your goal for therapy?
Signed:
Reviewed by:

