

**McLaren Print System Order**

**Order No: 68213**  
**Order Date: 2022-03-08**  
**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: 100**  
**Paragon Dept No: 36810**  
**Dept Name: BARIATRIC & METABOLIC INSTITUTE**  
**Company Number: 60**

**Order Total Price: 32.60**

**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 (bars, 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:**