

McLaren Print System Order

Order No: 71583
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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

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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
Poster:
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 (week, social, daily)? _____

PHYSICAL ACTIVITY

Are you in any exercise? Yes No
 If yes, what time? _____ How often? _____
 How many minutes do you exercise at one time? _____
 Describe any physical problems that prevent you from exercising: _____

REVIEW OF SYSTEMS
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Spec Info: