McLaren Business Products

McLaren Print System Order

Order No: 72129
Order Date: 2022-08-31
User: Jodi Peterman
Phone: 3422133

Ship Location: Jodi Peterman - Mclaren Flint MRI Ballenger
750 S Ballenger Hwy
Flint, MI 48532
Forms
Quantity: 1000
Paragon Dept No: 32113
Dept Name: Mclaren Flint MRI Ballenger
Company Number: 60

Order Total Price: 136.00

Item Number: 17848
Item Description: MRI Patient Interview & History
Revision Date: 7/2021
Print: 1 sided full color
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: ss; color no bleed


PATIENT INTERVIEW AND HISTORY

(PLEASE PRINT)
Patient Name: _____ Birth Date: ____ / ____ / ____

Yes No

- Pacemaker * If Yes Please Notify Staff *
- Cardiac Defibrillator (ICD) * If Yes Please Notify Staff *
- Brain Aneurysm Clips * If Yes Please Notify Staff *
- Ear Surgery
- Metal in Body or Eyes
- Surgical Implants
- Prosthesis
- Magnetic Eyelashes
- Abdominal Aortic Aneurysm Surgery (Year: _____)
- History of Cancer (Type: _____) (When Diagnosed: _____)
- Does patient require additional assistance? Explain _____
- Stroke
- Seizures
- Diabetes
- High Blood Pressure
- Arthritis
- Pregnancy
- Kidney Disease
- Allergies *If yes,_____

Patient's Signature: _____ Date: ____ / ____ / ____

Is patient displaying altered mental status and/or have a history of dementia? ☐ Yes ☐ No — If YES review form with Family or Appropriate Individual. Name _____ Relationship _____

********** OFFICE USE ONLY **********

Exam: _____ Diagnosis: _____
Pertinent Surgeries and Dates: _____
Current Signs, Symptoms, Location: _____

☐ Non-Traumatic? Date of onset: _____
☐ Traumatic? Date of injury: _____
Type of injury: ☐N/A ☐Sports ☐Lifting ☐Fall ☐Other _____
Severity of Pain: ☐ Mild ☐Moderate ☐Severe (Severity: ____/10)
Physical Therapy: ☐No ☐Yes ☐Beneficial ☐ Somewhat beneficial ☐Non-beneficial
Medications: _____
Other Tests for current medical condition: _____

Ht: _____
Wt: _____
CONTRAST DOSAGE _____

Paragon Patient Profile Reviewed for Previous Procedures: Devices/Implants ☐ Yes ☐ No

Interviewer: _____ Date: ____ / ____ / ____

Medication Guide Given ☐ Initials _____

MRI PATIENT INTERVIEW AND HISTORY

6809

Spec Info: