

McLaren Print System Order

Order No: 74037 Reprint Previous Order No: 5557
Order Date: 2022-12-06
User: Tonya Furtah
Phone: 8105618450

Ship Location: MMG-St. Clair Family Practice - Attn: Tonya
1163 St. Carney Drive
St. Clair, MI 48079

Forms

Quantity: 100
Paragon Dept No: 66000
Dept Name: MMG-St. Clair Family Practice
Company Number: 810

Order Total Price: 22.60

Item Number: MM-17283
Item Description: Pre-Operative Clearance Consultation
Revision Date: 8/2021
Print: 2 sided full color
Paper: 28# Color Copy Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:



PRE-OPERATIVE CLEARANCE CONSULTATION

*Requires completion of all highlighted areas

Request made by _____ on _____ (Date)

Reason _____

Allergies _____

Current Medications _____

Past Medical History (check if present) or None

- Hypertension
- Coronary Artery Disease
- Myocardial Infarction
- Irregular Heart Beat
- Congestive Heart Failure
- Peripheral Vascular Disease
- Murmur
- Pacemaker/ICD
- COPD
- Asthma
- Subcutaneous
- GERD
- Hepatitis
- Ulcers
- CVK
- Transient Ischemic Attack
- Seizures
- Diabetes Mellitus
- Type I
- Type II
- Thyroid
- Hypothyroidism
- Hyperthyroidism
- Cancer
- Chronic Kidney Disease
- Bleeding Disorders
- Pregnancy
- Delirium
- Other

Past Surgical History _____

Social History

- Occupation _____
- Smoking _____
- Alcohol _____
- Drugs _____
- Abuse (Psychosocial) _____

Family History

- Diabetes
- Heart Disease
- Bleeding Disorders
- Cancer
- Malignant Hypertension

Review of Systems

- (check if present)
- None
- Chest Pain
- Shortness of Breath
- Cough
- Sore Throat
- Fever/Chills
- Dizziness
- Nausea/Vomiting
- Constipation
- Diarrhea
- Visual Disturbance
- Hearing Problems
- Light-headedness
- Altered Bowel Habits
- Altered Bladder Habits
- Dyspnea/Dysphagia
- Anorexia/Weight Loss
- Fatigue/Weakness
- Weakness in Extremities

Physician _____
Date _____