

## McLaren Print System Order

Order No: 75663  
 Order Date: 2023-03-03  
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Ship Location:  
 1030 Harrington, Suite #201  
 Mount Clemens, MI 48043

Forms  
 Quantity: 100  
 Paragon Dept No: 52074  
 Dept Name: WHA Mount Clemens  
 Company Number: 260

Order Total Price: 0.00

Item Number: MM-140-M  
 Item Description: OB/GYN Questionnaire  
 Revision Date: 10/2014  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Poster:  
 Misc Info:

**McLAREN BACOMB  
OB/GYN QUESTIONNAIRE**

DATE: \_\_\_\_\_ LEGAL NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

**HISTORY**

Pregnancies	Live Births	Abortions	Miscarriages
Number	Number	Number	Number

PERIODS: Age started: \_\_\_\_\_ Age stopped: \_\_\_\_\_  
 Flow is:  heavy  medium  light How many days in a cycle: \_\_\_\_\_ First day of last menstrual period: \_\_\_\_\_  
 Any recent changes in periods:  No  Yes Explain: \_\_\_\_\_

BIRTH CONTROL:  No  Yes Method: \_\_\_\_\_

Last Menstrual Period: _____ <small>Normal Abnormal</small>	Last Pap: _____ <small>Normal Abnormal</small>
Any History of Abnormal Pap: <input type="checkbox"/> No <input type="checkbox"/> Yes	

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**GENERAL:**  
 fever  chills  sweats  fatigue  
 chest pain  headache  dizziness  
 weakness  loss of appetite  
 weight loss/gain  eating problems

**EYES:**  
 change  vision  blurring  
 itching  double vision

**EARS, NOSE, THROAT, SINUS:**  
 pain/swelling  sinusitis  
 ringing  decreased hearing  
 ear blockage  frequent nose bleeds  
 problems with swallowing  hoarseness

**RESPIRATORY:**  
 shortness of breath  cough  
 wheezing  chest pain  
 congestion/swelling in chest  
 asthma  pneumonia

**CARDIOVASCULAR:**  
 high blood pressure  
 chest pain/pressure  irregular heart beat  
 dizziness  fainting  
 swelling/leg elevation  frequent heart  
 trouble concentrating

**GI/STOMACH/INTESTINE:**  
 stomach problems  
 indigestion/heartburn  nausea  vomiting  
 pain  diarrhea  constipation  
 blood in stool  trouble with stool  
 frequent stools  change in bowel habits  
 persistent diarrhea  frequent  
 constipation

**SPERM/TESTES:**  
 testicular problems  
 trouble getting/erecting  
 high cholesterol  blood in urine  
 prostate pain  urinary frequency  
 urinary incontinence  
 abnormal pap smears etc.

**UROLOGICAL/BLADDER:**  
 urinary tract infection  
 urinary pain  
 urinary incontinence  
 prostate problems  
 kidney stones  
 urinary tract surgery

**NEUROLOGICAL:**  
 tingling/numbness  
 tremors  seizures  
 dizziness/vertigo  
 fainting/syncope  
 memory loss  
 depression (Check box if any time in the last 12 months you have experienced any of the following):  
 trouble falling or staying asleep, or sleeping too much  
 trouble concentrating or thinking about things at work, at home or with your family  
 feeling sad, hopeless, or helpless  
 feeling bad about yourself or that you are a failure or have let yourself or your family down  
 feeling bad or having little energy

**PSYCHIATRIC:**  
 anxiety (frequent)  
 memory loss  
 depression (Check box if any time in the last 12 months you have experienced any of the following):  
 trouble falling or staying asleep, or sleeping too much  
 trouble concentrating or thinking about things at work, at home or with your family  
 feeling sad, hopeless, or helpless  
 feeling bad about yourself or that you are a failure or have let yourself or your family down  
 feeling bad or having little energy

**TRAUMA/STRESS/INJURY:**  
 trouble concentrating on things such as reading the newspaper or watching television  
 trouble getting or keeping interested  
 thoughts that you would be better off dead or thoughts of hurting yourself in some way  
 drinking or smoking to steady nerves  
 that other people could harm yourself or the people being so helpful or kind to you  
 have been hearing voices or a voice that wasn't there

**ENDOCRINE:**  
 thyroid trouble  hot or cold intolerance  
 excessive sweating  thirst  
 hunger  diabetes

**HEALTHY/HEALTHY/HEALTHY:**  
 swollen joints  weakness or pain  anemia

**ALLERGIC/IMMUNOLOGICAL:**  
 respiratory distress  hives  
 itching  
 difficulty swallowing  swelling  
 wheezing  
 frequent/urgent urination  
 urinary incontinence  
 urinary tract infection  
 urinary pain  
 urinary incontinence  
 prostate problems  
 kidney stones  
 urinary tract surgery

**REPRODUCTION/SEXUAL HEALTH:**  
 abnormal pregnancy  
 sexually transmitted infection  
 gonorrhea/syphilis  
 history of sexually transmitted disease  
 sexual problems

### Spec Info:

**OFFICE USE ONLY**

Send print to medical history may indicate deficiency/nutritional assessment.

Special Learning Needs:  No  Yes, specify \_\_\_\_\_

Language Preference for Healthcare:  English  Other specify \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_