

McLaren Print System Order

Order No: 75807 Reprint Previous Order No: 5567
Order Date: 2023-03-09
User: Christina Wrinkle
Phone: 8103421750

Ship Location: McLaren Woman's Health
1314 S Linden Road Suite A
Flint, Michigan 48532

Forms
Quantity: 1000
Paragon Dept No: 50028
Dept Name:
Company Number: 810

Order Total Price: 0.00

Item Number: MM-140
Item Description: OB/GYN Questionnaire
Revision Date: 10/2019
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN MEDICAL GROUP OB/GYN QUESTIONNAIRE
DATE: \_\_\_\_\_ LEGAL NAME: \_\_\_\_\_ MARIEN NAME: \_\_\_\_\_
HISTORY
Sexual Preference: Male Female Both (Please list to Answer)
Pregnancies: \_\_\_\_\_ Live Births: \_\_\_\_\_ Abortions: \_\_\_\_\_ Miscarriages: \_\_\_\_\_
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 Mammogram: (Date) (Normal) (Abnormal) Last Pap: (Date) (Normal) (Abnormal)
Any History of Abnormal Pap: (No) (Yes)
GENERAL: (list of symptoms)
ENTOURNANT: (list of symptoms)
EYES: (list of symptoms)
EAR, NOSE, THROAT: (list of symptoms)
MUSCULOSKELETAL: (list of symptoms)
MIR AND/OR BREAST: (list of symptoms)
NEUROLOGICAL: (list of symptoms)
PSYCHIATRIC: (list of symptoms)
GASTROINTESTINAL: (list of symptoms)
UROLOGICAL: (list of symptoms)
REPRODUCTIVE HEALTH: (list of symptoms)
OFFICE USE ONLY: (Special Learning Needs, Language Preference, Provider's Signature, Date/Time)
OB/GYN QUESTIONNAIRE (MM-140-1019)