

McLaren Print System Order

Order No: 76136
 Order Date: 2023-03-29
 User: Kellie Roberts
 Phone: 5864933655

Ship Location: McLaren Macomb Woman's Health ATTN Kellie
 36500 Gratiot Ave suite 202
 Clinton Twp, Michigan 48035

Forms

Quantity: 500
 Paragon Dept No: 58701
 Dept Name: Mt Clemens Family First
 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 MACOMB
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</small> <input type="checkbox"/> <small>Abnormal</small> <input type="checkbox"/>	Last Pap: _____ <small>Normal</small> <input type="checkbox"/> <small>Abnormal</small> <input type="checkbox"/>
Any History of Abnormal Pap: <input type="checkbox"/> No <input type="checkbox"/> Yes	

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

EYES:
 drainage redness itching
 blurring double vision

EARS, NOSE, THROAT, SINUS:
 pain/pressure/itching
 congestion/running/stuffy
 sneezing decreased hearing
 hoarse breath frequent nose bleeds
 problems with swallowing sinusitis

RESPIRATORY:
 shortness of breath cough
 wheezing chest pain
 congestion/shortness of breath
 asthma emphysema

CARDIOVASCULAR:
 high blood pressure
 chest pain/pressure irregular heart beat
 dizziness/faint sensation frequent heart beat
 swollen ankles/legs

GI/INTESTINAL:
 stomach problems
 indigestion/heartburn nausea vomiting
 pain diarrhea constipation
 bloating/flatulence blood in stool
 hemorrhoids change in bowel habits
 difficulty swallowing difficulty
 passing stool

SPERMATOZOA:
 urinary tract problems
 urinary/painful urination frequency
 night urination blood in urine
 penile sores urethral
 discharge pain itching swelling
 penile discharge abnormal penile
 erection/size of penis
 difficulty with sex

UROLOGICAL/BLADDER:
 urinary tract problems
 urinary/painful urination frequency
 night urination blood in urine
 penile sores urethral
 discharge pain itching swelling
 penile discharge abnormal penile
 erection/size of penis
 difficulty with sex

PSYCHIATRIC:
 trouble concentrating on things such as reading the newspaper or watching television?
 poor appetite or "loss of interest"?
 thoughts that you would be better off dead or thoughts of hurting yourself in some way?
 drinking or smoking so much that other people could have noticed? Or the opposite, being so fearful or nervous that you have been having around a lot more than usual?
 trouble concentrating on things such as reading the newspaper or watching television?
 poor appetite or "loss of interest"?
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ENDOCRINE:
 thyroid trouble hot or cold intolerance
 excessive sweating thirst
 changes diabetes

HEALTHY/HEALTHY PRACTICES:
 smoke/pipes tobacco or alcohol
 marijuana smoking drugs
 changes diabetes

ALLERGIC/IMMUNOLOGICAL:
 respiratory distress hives
 itching
 difficulty swallowing swelling
 wheezing
 difficulty breathing

REPRODUCTIVE HEALTH/SEX:
 abnormal pregnancy
 sexually sexually active
 number of sex partners
 history of sexually transmitted disease
 sexual problems

PSYCHIATRIC:
 depression (Check box if any time in the last 12 months you have experienced any of the following):
 trouble sleeping or sleeping too much?
 trouble getting up in the morning?
 trouble concentrating on things such as reading the newspaper or watching television?
 thoughts that you would be better off dead or thoughts of hurting yourself in some way?
 drinking or smoking so much that other people could have noticed? Or the opposite, being so fearful or nervous that you have been having around a lot more than usual?

PHYSICAL:
 trouble concentrating on things such as reading the newspaper or watching television?
 poor appetite or "loss of interest"?
 thoughts that you would be better off dead or thoughts of hurting yourself in some way?
 drinking or smoking so much that other people could have noticed? Or the opposite, being so fearful or nervous that you have been having around a lot more than usual?

OFFICE USE ONLY
 Special Learning Needs: No Yes, specify _____
 Language Preference for Healthcare: English Other specify: _____
 Provider's Signature: _____ Date/Time: _____

Spec Info:

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 Language Preference for Healthcare: English Other specify: _____
 Provider's Signature: _____ Date/Time: _____

OB/GYN QUESTIONNAIRE
 10/2014

Next Item
 See 4104