

McLaren Print System Order

Order No: 78046 Reprint Previous Order No: 46221
Order Date: 2023-06-23
User: Clarissa Gregory-Green
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Ship Location: McLaren Macomb MOB
1030 Harrington BLVD, STE 101A
Mount Clemens, MI 48043

Forms

Quantity: 1000
Paragon Dept No: 52016
Dept Name: Cardiovascular Institute Macomb
Company Number: 810

Order Total Price: 120.50

Item Number: MM-403
Item Description: CARDIOVASCULAR NEW PATIENT MEDICAL HISTORY
Revision Date: 6/2019
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Staple (Upper Left)
Drill: None
Misc Info: 3 pages, black and white; stapled

CARDIOVASCULAR NEW PATIENT MEDICAL HISTORY

Today's date: _____

Patient Name: _____ DOB: _____

Reason for referral: _____

CARDIAC HISTORY:
Have you ever had a cardiac catheterization? Yes _____ No _____
If yes, when: _____ Where: _____

CARDIOVASCULAR:

_____ Chest pain or angina	_____ Heart Murmur
_____ Shortness of breath	_____ Rheumatic fever
_____ Irregular heartbeat/arrhythmia	_____ Myocardial infarction (heart attack)
_____ Fast heart beat	_____ Enlarged heart/heart failure
_____ Dizziness	_____ Coronary artery disease
_____ Fainting or/syncope	_____ Blood clot in heart, lungs, or leg
_____ Swelling of feet/ankles or hands	_____ Aneurysm
_____ Leg pain when walking/claudication	_____ Scarlet fever

MEDICAL HISTORY
Do you have an Advanced Directive? Yes _____ No _____
If not, would you like one? Yes _____ No _____
List all medical conditions:

List all past surgical procedures:

MEDICATIONS
List all medications, strength and how you take them:

ALLERGIES
List all allergies and your reaction to the medications:

Are you allergic to iodine dye? Yes _____ No _____