

McLaren Print System Order

Order No: 78579
Order Date: 2023-07-31
User: Lisa DeWaele
Phone: 989 894 3906

Ship Location: McLaren Bay Behavioral Health-Attn: Lisa DeWaele
1900 Columbus Ave.
Bay City, Michigan 48708

Forms

Quantity: 500
Paragon Dept No: 20610
Dept Name: Behavioral Health
Company Number: 210

Order Total Price: 19.25

Item Number: BAY-148
Item Description: Spravato Assessment
Revision Date: 07/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Padded (100 Sheets Per Pad)
Drill: 5 Hole Top
Poster:
Misc Info: 8.5x11 Black



Spravato Program Assessment Form

Since last Visit:
Have there been any changes to medications? No Yes
Explain:
Have you taken any benzodiazepines? (Alivan, Xanax, Valium, Xanax) No Yes
Explain:
Have you taken any other street drugs? No Yes
Explain:
Are you taking any MAOIs? (Marplan, Nardil, Elmass, Parnate) No Yes
Have you eaten anything for the past 2 hours? No Yes
Explain:
Have you had any fluids for the past 30 minutes? No Yes
Explain:
Have you seen any other providers or had any procedures since your last visit? No Yes
Explain:
Observe patient for 2 hours after each treatment.

Vital Signs:
BP: _____ P: _____ Intake: _____
Prior to treatment
Time: _____ BP: _____ P: _____ Intake: _____
40 minutes after 1st dose
Time: _____ BP: _____ P: _____ Intake: _____
2 hours after 1st dose
Symptoms:

Spec Info:



Form with fields for name, address, and phone number.