

McLaren Print System Order

Order No: 79536
Order Date: 2023-09-20
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: 1000
Paragon Dept No: 20610
Dept Name: Behavioral Health
Company Number: 210

Order Total Price: 33.50

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: None
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
Have you taken any benzodiazepines? (Alivan, Xanax, Valium, Xanax) No Yes
Have you taken any other street drugs? No Yes
Are you taking any MAOIs? (Marplan, Nardil, Elmass, Parnate) No Yes
Have you eaten anything for the past 2 hours? No Yes
Have you had any fluids for the past 30 minutes? No Yes
Have you seen any other providers or had any procedures since your last visit? No Yes

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 lines for additional information