

McLaren Print System Order

Order No: 82473 Reprint Previous Order No: 46221
Order Date: 2024-01-19
User: Dawn Caspers
Phone: 248-625-9099

Ship Location: Attn Dawn Caspers
5210 Highland Rd Suite 200
Waterford, MI 48327

Forms

Quantity: 1000
Paragon Dept No: 52556
Dept Name: McLaren Oakland Cardiovascular Institute-Waterford
Company Number: 810

Order Total Price: 89.00

Item Number: MM-403
Item Description: CARDIOVASCULAR NEW PATIENT MEDICAL HISTORY
Revision Date: 6/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
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:

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