

**McLaren Print System Order**

Order No: 83907  
 Order Date: 2024-03-19  
 User: Brooke Pearson  
 Phone: 2316271370

Ship Location: McLaren Cheboygan- BHU Attn: Brooke Pearson  
 748 South Main St  
 Cheboygan, Mi 49721

**Forms**

Quantity: 100  
 Paragon Dept No: 30462  
 Dept Name: BHU  
 Company Number: 410

Order Total Price: 3.35

Item Number: MHCC-637-MNM  
 Item Description: Personal Property Receipt  
 Revision Date: 04/2023  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Poster:  
 Misc Info: SS, Black

**SBAR**

Patient Sticker	
Room # _____	<b>CLOZARIL Patients:</b> First CBC with manual diff done and enrollment packet filed: Date/Time/Initial: _____
Diagnosis: _____	<b>WEEKLY CBC WITH MANUAL DIFF:</b>
Psychiatrist: _____	1. Date: _____ Faced: _____ Result: _____
CAFV DINV CODEF CODD OITT signed _____	2. Date: _____ Faced: _____ Result: _____
<b>Reasons for Admissions</b>	3. Date: _____ Faced: _____ Result: _____
_____	4. Date: _____ Faced: _____ Result: _____
_____	Depakote Level: 1. _____ 2. _____ 3. _____
_____	Lithium Level: 1. _____ 2. _____ 3. _____
_____	Allergies: _____
_____	Procedures/Notes: _____
_____	Abnormal Labs/Tests: _____
_____	Out Score/Reasons/Why: _____
Psych HPI: _____	Medical HPI: _____
_____	_____
_____	_____
Legal Issues/Jail Hold: _____	Medical Consult: _____ Date Seen: _____
_____	Family DR: _____
_____	Consulting DR: _____
_____	Reason: _____
<b>Check Off:</b>	Discharge Plan: _____
Profile Completed <input type="checkbox"/>	_____
Home Medications Verified <input type="checkbox"/>	_____
Admission Labs Checked:	_____
CBC, CMP, UA, UDS, ETOH, Lipids, TSH, Free T4 <input type="checkbox"/>	_____
Additional Information: _____	

**Spec Info:**