

McLaren Print System Order

Order No: 85487
 Order Date: 2024-05-14
 Order Request Date:
 User: Andrea Miko
 Phone: 586-493-1605

Ship Location: McLaren Macomb Surgical Services
 1000 Harrington
 Mt Clemens, MI 48043

Brochures
 Quantity: 1000
 Paragon Dept No: 24485
 Dept Name: Surgical Services
 Company Number:

Order Total Price: 46.00

Item Number: MAC-12 (226524)
 Item Description: History and Physical Form
 Revision Date: 10/2023
 Print: 2 sided black and white
 Paper: 20# Goldenrod Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Poster:
 Misc Info: 8.5x11 Black DS



HISTORY AND PHYSICAL

Name: _____
 DOB: _____
 Referring Physician: _____

CHIEF COMPLAINT: _____ DATE OF SURGERY: _____

OUTPATIENT SURGERY

HISTORY & INDICATIONS FOR PROCEDURES PREVIOUS MEDICAL HISTORY (CHECK IF APPLICABLE)		DIAGNOSIS	
<input type="checkbox"/> No Significant Findings <input type="checkbox"/> Atherosclerosis <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Irregular Heartbeat <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Malaria <input type="checkbox"/> Polycystic Ovary Disease		<input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Liver Disease <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Gout <input type="checkbox"/> Other	
CURRENT MEDICATIONS & DOSAGES <input type="checkbox"/> NO MEDICATIONS TAKEN		PLANNED PROCEDURE	
<input type="checkbox"/> ALLERGIC REACTIONS (List or attach to this form) ALLERGENS OR MEDICATION REACTIONS: <input type="checkbox"/> NONE KNOWN CLINICAL: _____		PHYSICAL EXAM VITAL SIGNS PULSE: _____ BP: _____ RR: _____ O ₂ SAT: _____ HEIGHT: _____ INCH WEIGHT: _____ LBS HAIR/SCALP: _____	
PREVIOUS SURGICAL HISTORY: <input type="checkbox"/> NONE		SOCIAL HISTORY <input type="checkbox"/> Tobacco _____ <input type="checkbox"/> Alcohol _____ <input type="checkbox"/> Drugs _____ <input type="checkbox"/> Abuse _____	

DATE: _____ TIME: _____ PHYSICIAN SIGNATURE: _____

HISTORY & PHYSICAL UPDATE (REQUIRED BY APT IS - IN APT OUT - 30 DAYS OLD - Completed Day of Procedure)
 H&P reviewed, patient examined and NO change has occurred in the patient's condition since previous H&P was completed within the last 30 days
 A change H&P occurred in the patient's condition since previous H&P was completed within the last 30 days, noted below: _____

DATE: _____ PHYSICIAN SIGNATURE: _____

Spec Info:

