

McLaren Print System Order

Order No: 86491
Order Date: 2024-06-25
User: Lisa DeWaele
Phone: 989 894 3906

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

Form
Quantity: 1000
Paragon Dept No: 20610
Dept Name: Behavioral Health
Company Number:

Order Total Price: 33.50

Item Number: BAY-148
Item Description: Spravato Assessment
Revision Date: 12/2023
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
Explain:
Have you taken any benzodiazepines? (Alivan, Xanax, Valium, Xenax) No Yes
Explain:
Have you taken any other street drugs? No Yes
Explain:
Are you taking any MAOIs? (Mecilan, 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:

Vital Signs:

Spec Info: BP: P: SpO2 Initials:
Prior to treatment
Time: BP: P: SpO2 Initials:
40 minutes after 1st dose
Time: BP: P: SpO2 Initials:
2 hours after 1st dose



Form with lines for additional notes or signatures.