

McLaren Print System Order

Order No: 90808
Order Date: 2024-12-12
User: Janell Klenk
Phone: 989-894-3906

Ship Location: McLaren Bay Region - PHP. Attn: Jennifer Miller
3250 E Midland Rd., Suite 3
Bay City, MI 48706

Form
Quantity: 2500
Paragon Dept No: 20610
Dept Name: Behavioral Health
Company Number:

Order Total Price: 100.50

Item Number: BAY-148
Item Description: Spravato Assessment
Revision Date: 11/2023
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
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? (Marplan, 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



