McLaren Business Products

McLaren Print System Order

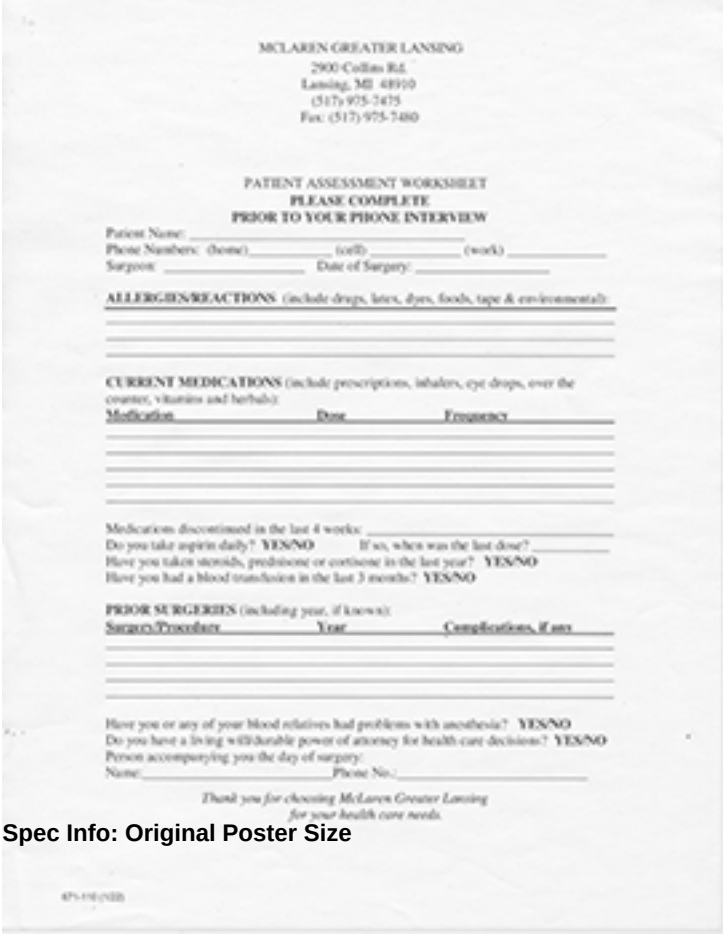
Order No: 91003
Order Date: 2024-12-19
Order Request Date:
User: laurice hestr
Phone: 517-975-7475

Ship Location: 3245 discovery drive suite 100

lansing, mi 48910,
Brochures
Quantity: 500
Paragon Dept No: 28600-1100
Dept Name: surgery scheduling
Company Number:

Order Total Price: 16.75

Item Number: MGL-128 (671-110)
Item Description: PATIENT ASSESSMENT WORKSHEET
Revision Date: 01/22
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



MCLAREN GREATER LANSING
2900 Collins Rd.
Lansing, MI 48910
(517) 975-7475
Fax: (517) 975-7480

PATIENT ASSESSMENT WORKSHEET
PLEASE COMPLETE
PRIOR TO YOUR PHONE INTERVIEW

Patient Name: _____
Phone Numbers: (home)_____ (cell) _____ (work) _____
Surgeon: _____ Date of Surgery: _____

ALLERGIES/REACTIONS (include drugs, latex, dyes, foods, tape & environmental):

CURRENT MEDICATIONS (include prescriptions, inhalers, eye drops, over the counter, vitamins and herbals):

Medication	Dose	Frequency

Medications discontinued in the last 4 weeks: _____
Do you take aspirin daily? **YES/NO** If so, when was the last dose? _____
Have you taken steroids, prednisone or cortisone in the last year? **YES/NO**
Have you had a blood transfusion in the last 3 months? **YES/NO**

PRIOR SURGERIES (including year, if known):

Surgery/Procedure	Year	Complications, if any

Have you or any of your blood relatives had problems with anesthesia? **YES/NO**
Do you have a living will/durable power of attorney for health care decisions? **YES/NO**
Person accompanying you the day of surgery:
Name:_____Phone No.:_____

Thank you for choosing McLaren Greater Lansing for your health care needs.

Spec Info: Original Poster Size