

McLaren Print System Order

Order No: 91025
 Order Date: 2024-12-20
 Order Request Date:
 User: laurice hestr
 Phone: 517-975-7475

Ship Location: 3245 discovery drive suite 100
 lansing, mi 48910,

Brochures
 Quantity: 1000
 Paragon Dept No: 28600-1100
 Dept Name: surgery scheduling
 Company Number:

Order Total Price: 31.00

Item Number: MGL-075 (601-12)
 Item Description: OUTPATIENT HISTORY AND PHYSICAL Form
 Revision Date: 04/2024
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Poster:
 Misc Info: 8.5x11 Black SS



HISTORY AND PHYSICAL

PATIENT _____ DOB _____ PRIMARY PHYSICIAN _____
 HEIGHT _____ WEIGHT _____

HISTORY		HISTORY	
HISTORY AND INDICATIONS FOR PROCEDURE		PERTINENT DIAGNOSTIC TEST RESULTS (If Applicable)	SIGNIFICANT FINDINGS
PAST MEDICAL HISTORY-REVIEW OF SYSTEMS <small>(List only pertinent items)</small> <input type="checkbox"/> No Significant Findings <input type="checkbox"/> No Infectious Disease			
PAST SURGICAL HISTORY <input type="checkbox"/> None		HEART <input type="checkbox"/> PNL	
ALLERGIES OR MEDICATION REACTIONS <input type="checkbox"/> None Known <input type="checkbox"/> Latex		LUNGS <input type="checkbox"/> PNL	
MEDICATIONS <input type="checkbox"/> No Medications Taken <input type="checkbox"/> See Patient Profile		NEURAL STATUS <input type="checkbox"/> PNL	
FAMILY HISTORY <input type="checkbox"/> Non-contributory		HEENT <input type="checkbox"/> PNL	
PSYCHOSOCIAL HISTORY <input type="checkbox"/> Non-contributory		NECK <input type="checkbox"/> PNL	
PEDIATRICS (If Applicable) <input type="checkbox"/> Immunizations up to date <input type="checkbox"/> Immunization status unknown		ABDOMEN <input type="checkbox"/> PNL	
		EXTREMITIES <input type="checkbox"/> PNL	
		GENITOURINARY <input type="checkbox"/> PNL	
		RESPIRATORY <input type="checkbox"/> PNL	
		DIAGNOSIS	
		PLANNED PROCEDURE	
		PHYSICIAN SIGNATURE	
		DATE _____ TIME _____	
		REQUIRED IF HSP IS + 24 HRS BUT + 30 DAYS OLD	
		In the past 30 days patient states:	
		<input type="checkbox"/> No health change <input type="checkbox"/> Health change	
		At time of admission for procedure	
		<input type="checkbox"/> The HSP was negative, the patient examined, and no change has occurred in the patient's condition since the HSP was completed	
		<input type="checkbox"/> Change recorded in Pre-op Note	
		Attending Physician Signature _____ Date _____ Time _____	

Spec Info: Original Poster Size



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