

McLaren Print System Order

Order No: 43386  
Order Date: 2019-03-06  
User: Andrea Bennett  
Phone: 342-3900

Ship Location: McLaren Flint Beechill Ctr  
G3200 Beecher Rd  
Flint, MI 48532

Forms

Quantity: 500  
Paragon Dept No: 36110  
Dept Name: Sleep Center  
Company Number: 60

Order Total Price: 181.25

Item Number: M-35036  
Item Description: Patient Assessment  
Revision Date: 8/2012  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: Staple (Upper Left)  
Drill:  
Misc Info:

McLAREN-FLINT  
SLEEP DIAGNOSTIC CENTER  
Beechill Center, 63200 Beecher Road, Suite 417, Flint, MI 48502 (810) 342-3900

PATIENT ASSESSMENT

Please complete the following questionnaire and return as soon as possible in the enclosed envelope.  
Call if you have any questions (810) 342-3900.

Today's Date \_\_\_\_\_ Usual bedtime \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Best time of day and number to reach you \_\_\_\_\_ (no. mo) Phone # \_\_\_\_\_  
Current Weight \_\_\_\_\_ Height \_\_\_\_\_ Sex:  Male  Female

"X" or CIRCLE THE CORRECT ANSWER or WRITE REQUESTED INFORMATION

- 1. Describe the sleep or wake problem that concerns you.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
"Do any other members of your family have sleep problems?" If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_
- 2. How long have you had this problem? \_\_\_\_\_
- 3. Have you had a sleep evaluation or study before this?  Yes  No
  - 3a. Where? \_\_\_\_\_
  - 3b. What kind? \_\_\_\_\_
  - 3c. Where? \_\_\_\_\_
  - 3d. Treatment? \_\_\_\_\_
- 4. Are you currently using it?  Yes  No
  - 4a. How many night(s) per week: \_\_\_\_\_

Spec Info:

PATIENT ASSESSMENT  
FORM 2012-10-17



6800

\_\_\_\_\_  
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