

McLaren Print System Order

Order No: 43828
 Order Date: 2019-03-25
 User: shirley liddell
 Phone: 810-342-5333

Ship Location: McLaren OakBridge Center PHP - Shirley Liddell
 4448 Oakbridge
 FLINT, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 43560
 Dept Name: McLaren OakBridge Center PHP
 Company Number: 60

Order Total Price: 132.70

Item Number: M-17432
 Item Description: Nurses Assessment Form
 Revision Date: 10/2006
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: Staple (Upper Left)
 Drill: 5 Hole Top
 Misc Info:

McLaren Form
 PRINT SERVICES
 Behavioral Medicine
 NURSES ASSESSMENT FORM

1. IDENTIFYING INFORMATION
 NAME, PATIENT PREFIX _____
 (IF APPROX) LEGAL GUARDIAN, NAME AND PHONE NUMBER _____
 PHYSICAL ASSESSMENT COMPLETED BY: _____
 TYPE OF ADMISSION: VOLUNTARY _____ INVOLUNTARY _____
 VIS TYPE: BP _____ PULSE _____ TEMP _____ RR _____
 HEIGHT _____ WEIGHT _____ ALLERGIES _____
 PATIENT'S LEVEL OF EDUCATION _____
2. DESCRIBE CHIEF COMPLAINT/REASON FOR SEEKING TREATMENT:

3. RECENT EXPOSURE TO INFECTIOUS OR CONTAGIOUS DISEASE? YES NO (DESCRIBE)

4. HISTORY OF SERIOUS ILLNESS OR INJURY

5. DOES PATIENT HAVE HISTORY OF (circle)
 SEIZURES _____ ULCERS _____ STDs _____
 HYPERTENSION _____ DIABETES _____ OTHER _____
 STROKE _____ HEART DISEASE _____
 LIVER DISEASE _____ CANCER _____
 KIDNEY DISEASE _____ HIV _____

6. DOES PATIENT CURRENTLY HAVE PROBLEMS WITH:
 HEARING _____ BOWEL DISEASE OR _____ AMBULATION - FREQUENT
 EYESIGHT _____ PROBLEMS _____ FALLS _____
 CANCER _____ ULCERS _____ SKIN RASHES OR
 DIABETES _____ HEART DISEASE _____ ABRASIONS
 RESPIRATORY PROBLEMS _____ NEURO/MUSCULAR _____ OTHER _____
 PROBLEMS WITH URINATION _____ DISORDERS _____

SKIN FINDINGS: No Problem
 Skin disorders: Psoriasis Eczema Rash Describe _____
 Itching? Yes No Describe _____
 Skin Turgor: Dry Elastic Clacked Other Describe _____

Number and explain any bruises, abrasions, scars, lacer, etc.



NURSES ASSESSMENT FORM
 8/10/06 Rev. 12/06/06



660

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Spec Info: