

McLaren Print System Order

Order No: 48519
Order Date: 2019-09-09
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 48532 (313) 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 (313) 342-3900.

Today's Date _____ Usual bedtime _____
Name _____ Date of Birth _____
Best time of day and number to reach you _____ you via _____ 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. When? _____
 - 3b. What kind? _____
 - 3c. Where? _____
 - 3d. Equipment? _____
- 4. Are you currently using it? Yes No
- 5. How many night(s) per week _____

Spec Info:

PATIENT ASSESSMENT
8/2012 2019-09-09



6800

