

McLaren Print System Order

Order No: 50048 Reprint Previous Order No: 5567
Order Date: 2019-11-01
User: Victoria Tijerina
Phone: 5173031371

Ship Location: Grand Ledge OB/GYN
1035 Charlevoix St
Grand Ledge, MI 48837

Forms

Quantity: 500
Paragon Dept No: 51015
Dept Name: Grand Ledge OB/GYN
Company Number: 810

Order Total Price: 0.00

Item Number: MM-140
Item Description: OB/GYN Questionnaire
Revision Date: 10/2019
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN MEDICAL GROUP OB/GYN QUESTIONNAIRE
DATE: \_\_\_\_\_ LEGAL NAME: \_\_\_\_\_ MARIEN NAME: \_\_\_\_\_
HISTORY
Sexual Preference: Male Female Both
Pregnancies: \_\_\_\_\_ Live Births: \_\_\_\_\_ Abortions: \_\_\_\_\_ Miscarriages: \_\_\_\_\_
PERIODS: Age started: \_\_\_\_\_ Age stopped: \_\_\_\_\_
Flow is: Heavy Medium Light How many days in a cycle: \_\_\_\_\_ First day of last menstrual period: \_\_\_\_\_
Any recent changes in periods: Yes No Explain: \_\_\_\_\_
BIRTH CONTROL: Yes No Method: \_\_\_\_\_
Last Mammogram: Normal Abnormal Last Pap: Normal Abnormal
Any History of Abnormal Pap: Yes No
GENERAL:
DENTISTRY:
ENTOMOLOGICAL:
ENDOCRINE:
HEMATOLOGICAL/PATHOLOGICAL:
ALLERGIC/IMMUNOLOGICAL:
REPRODUCTIVE HEALTH:
OFFICE USE ONLY
Special Learning Needs: Yes No
Language Preference for Healthcare: English Other
Provider's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_