

McLaren Print System Order

Order No: 50712 Reprint Previous Order No: 8102
Order Date: 2019-12-02
User: shelby brandon
Phone: 810-342-2362

Ship Location: McLaren Flint -Davison St. John Physical Therapy - Attention: Janelle Dienhart
Davison St. John Family Ctr 505 N. Dayton
Davison, MI 48423

Forms

Quantity: 500
Paragon Dept No: 39010
Dept Name: McLaren Flint Inpatient Physical Therapy
Company Number: 60

Order Total Price: 0.00

Item Number: 17619
Item Description: Patient Self-Assessment
Revision Date: 6/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
FLINT, MICHIGAN 48103
McLaren Flint Rehabilitation Institute
PATIENT SELF-ASSESSMENT

What accident/injury brings you here today?
What treatments are you getting now?
Were you hospitalized for this condition? Yes No
When and where?

In the present time, would you say that your health is (circle answer): excellent good fair poor?

Medical History and Surgical History tables with columns for conditions and dates.

- Current Functional Issues: Please check all that apply.
Dizziness / Vertigo, Balance / Coordination issues, Muscle weakness, etc.

Please answer the following questions:
Do you have a pacemaker?
Do you have any metal or other implants in your body?
Do you wear any splints or braces?
Do you feel afraid or unsafe with your partner or anyone else?
Have you been verbally, emotionally, physically, or sexually harassed/threatened by your partner or anyone else?
Have you been financially exploited by your partner or anyone else?
Have you had 1 or more falls in the past 6 months?

If you are having pain please indicate the location on the chart.
Describe your pain?
What is your goal for therapy?
Signed: Date
Reviewed By: Date

