

McLaren Print System Order

Order No: 51655
 Order Date: 2020-01-13
 User: Judy Fago
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Ship Location: **Gratiot Medical Building**
 36500 Gratiot, Suite 102
 Clinton Twp, MI 48035

Forms
 Quantity: 2500
 Paragon Dept No: 60330
 Dept Name: Multispecialty
 Company Number: 260

Order Total Price: 113.00

Item Number: MO-410 52539
 Item Description: INTERNAL MEDICINE - EXAM
 Revision Date: 1/2020
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: 2 Hole Top
 Misc Info: ds; black, tumbled; 2 hole top

INTERNAL MEDICINE
 Patient Name: _____ Date of Birth: _____ Date/Time: _____

Chief Complaint: _____
 (H) HPI (Document) Location, Duration, Timing, Quality, Severity, Context, Modifying Factors, Associated Signs/Symptoms or Status of 3 Chronic Conditions.

1)	2)	3)	4)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REVIEW OF SYSTEMS
 Check box for present symptoms
CONSTIT (Nausea) (Dizziness) (Change) (Weight change)
EYES (Blurred) (Blurred) (Vision change) (Discharge)
ENT (Voice) (Tonsil) (Chronic) (Disordered) (Ear Pain) (Otitis media)
 (Strabismic) (Nystagmus)
RESP (Cough) (Cough) (Dyspnea) (Dyspnea)
CARD (Chest Pain) (Palpitations) (Edema) (Dizziness)
GI (Dysphagia) (Dysphagia) (Dysphagia)
GU (Frequency) (Urinary) (Discharge) (Discharge)
MS (Spontaneous) (Back) (Neck) (Joint)
HL (Blurred) (Blurred) (Blurred) (Blurred)
ENDO (Thirst) (Constipation) (Diarrhea) (Diarrhea)
SKIN (Skin rash) (Ulcers) (Ulcers)
PSYCH (Depression) (Anxiety) (Other) (Other)
NEURO (Headache) (Dizziness) (Fainting) (Dizziness)
HEM (Change) (Disorders) (Disorders) (Disorders)
 All Other Systems Negative

Wt _____ Pulse _____ BP _____ T _____ Resp _____ Temp _____ BMI _____

PHYSICAL EXAMINATION
 (Check box for normal findings (accept as noted), IF EXAMINED)
GENERAL (Alert) (Awake) (Well) (Nourished) (No acute distress)
EYES (Sclera) (Sclera) (Clear) (White) (No injection) (No jaundice)
ENT (Tympanic) (Membranes) (Normal) (External) (Auditory) (Canals) (Normal)
 (Chloride) (Mucosa) (and) (Turbinate) (pink) (Septum) (Midline) (No) (Polyp) (Otorrhea) (pink)
 (Chloride) (Mucosa) (pink) (and) (moist) (Dry) (when) (present) (Dry) (throat) (normal)
NECK (Thyroid) (No) (Tenderness) (No) (JVD) (No) (Tachycardia)
LYMPH (No) (Lymphadenopathy)
RESP (Clear) (to) (auscultation) (ilaterally) (No) (crackles) (No) (dyspnea) (No) (hyper) (resonance)
 (No) (stridor) (No) (stridor)
CARD (Clear) (No) (Murmurs) (No) (S3) (No) (S4) (Normal) (S1)
ABDOMEN (Soft) (and) (non-tender) (No) (palpable) (organomegaly) (No) (S)
NEURO (No) (Focal) (signs) (or) (abnormalities) (Lowers) (strength) (Normal) (gait)
EXTREMITIES (No) (Swelling) (or) (tenderness) (No) (edema)
SKIN (No) (rashes) (lesions) (or) (sores) (Clean) (and) (dry) (normal) (turgor)
HEMISPHERE (Normal) (No) (Focal) (signs) (or) (abnormalities) (Normal) (reflexes)
GU (Male) (Normal) (testicular) (exam) (Normal) (exam) (of) (penis) (Normal) (prostate) (exam)
OB (Normal) (uterus) (normal) (apex) (tense) (No) (ferruginous) (Discharge) (or) (gross) (blood)
RECTUM (Normal) (No) (Mass) (No) (Tenderness) (No) (Discharge) (No) (Discharge) (No) (Discharge)

IMPRESSION: _____

PLAN: _____

 Patient verbalizes understanding of treatment plan.
 Educational materials given: Rx: Pills Nutrition

I spent _____ minutes with patient; ~50% counseling/coordinating care for _____
 Physician's Signature: _____ Date: _____ Time: _____
 Follow-Up: _____ Days _____ Weeks _____ Months

Spec Info: