

McLaren Print System Order

Order No: 52386 Reprint Previous Order No: 26017
Order Date: 2020-02-06
User: Kathy Warshefski
Phone: 8109854300

Ship Location: ADVANCED ORTHOPEDICS
1231 Pine Grove Avenue, Suite 1A
Port Huron, MI 48060

Forms

Quantity: 100
Paragon Dept No: 66275
Dept Name: MMG Port Huron
Company Number: 810

Order Total Price: 0.00

Item Number: MM-349
Item Description: SPORTS MEDICINE AND ORTHOPAEDIC HEALTH HISTORY
Revision Date: 1/2017
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Medical Group
SPORTS MEDICINE AND ORTHOPAEDIC HEALTH HISTORY

Age _____ Weight _____ Height _____
Primary Care Doctor: _____ Date of Last Exam: _____

CHIEF COMPLAINT

Body Location: Knee Shoulder Other: _____ Right Left Bilateral
Describe your injury/problem, how and when it started: _____

Is this problem the result of a work accident/injury? No Yes Auto accident? No Yes
Is your injury sports related? No Yes
Have you received prior treatment for this injury? No Yes
When/Where? _____
Were you seen in an Emergency Room for this injury? Where: _____

For this injury:

X-Ray No Yes Hospital/Facility: _____ Date: _____
MRI No Yes Hospital/Facility: _____ Date: _____
Injections No Yes
Physical Therapy No Yes How long? _____
Occupational Therapy No Yes How long? _____
Alternative Therapies No Yes How long? _____
Medications No Yes How long? _____
Have you or a family member had problems with anesthesia? No Yes

Information Given By: _____ Relationship to Patient: _____
Signature: _____ Date/Time: _____
