McLaren Business Products

McLaren Print System Order

Order No: 53879
Order Date: 2020-04-19
User: Katie Jacobs
Phone: 9893457000

Ship Location: Evergreen Clinic-Katie Marble
611 Court Street Clinic
West Branch, MI 48661
Forms
Quantity: 500
Paragon Dept No: 69680
Dept Name: McLaren
Company Number: 210

Order Total Price: 0.00

Item Number: WH-7011
Item Description: ENT/RESPIRATORY ASSESSMENT
Revision Date: 10/2011
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ds; black and white

Spec Info:

BAY REGIONAL WOODLAND HEALTHCARE
ENT/RESPIRATORY ASSESSMENT

Name: _____ DOB: _____

☐ VS Reviewed ☐ Nursing/M.A. Notes Reviewed

ALLERGIES: _____

HISTORY

CC: _____

Length of Symptoms? _____

Fever? Yes☐ No☐ Highest Temp Experienced? _____ When? _____

	Yes	No		Yes	No		Yes	No
Sore throat?	☐	☐	Ear pain? RT / LT	☐	☐	Body aches?	☐	☐
Cough?	☐	☐	Itchy eyes/nose?	☐	☐	Phlegm?	☐	☐
H/O swimming recently?	☐	☐	Dyspnea?	☐	☐	Hemoptysis	☐	☐
Post nasal drip?	☐	☐	Headache?	☐	☐	Runny nose?	☐	☐

Have you had "cold sores" in the past? Yes☐ No☐ Any at the present time? Yes☐ No☐

HAVE YOU EVER HAD ANY OF THE FOLLOWING? Do you smoke? Yes☐ No☐

	Yes	No
Anaphylaxis?	☐	☐
Tonsillectomy?	☐	☐
Asthma?	☐	☐
Last time treated for asthma? _____		Where? _____
Duration of episode? _____		Normal Peak Flow: _____
Frequency of episodes? _____		
Inhaler usage/day? _____		
Environmental allergies?	☐	☐
Allergy testing done?	☐	☐
ENT problems? Surgeries	☐	☐
Epiglottitis?	☐	☐
Upper airway obstruction?	☐	☐
Myringotomy tubes?	☐	☐
Splenectomy?	☐	☐
Tuberculosis?	☐	☐
HIV?	☐	☐
ETOH (alcohol) abuse?	☐	☐
Cancer?	☐	☐
Seizures?	☐	☐
Diabetes?	☐	☐
Any hospital admissions?	☐	☐

Describe: _____

Any other problems you are having today related to your chief complaint? _____

Children Under Age 2

Change in breast feeding? ☐ ☐
Change in level of interaction? ☐ ☐
(or lack of interaction)

Alert☐ Playful☐ Quiet☐ Irritable☐ Consolable☐ Tabulative☐ Lethargic☐ Dysphonia☐ Drooling☐ Sleeping☐
Skin: Warm☐ Dry☐ Moist☐ Rash: Yes☐ No☐ Toxic: Yes☐ No☐ Adequate Cap Refill: Yes☐ No☐
Color: Normal☐ Cyanosis☐ Site: _____ Hydration: Normal☐ Abnormal☐
Eye Contact: Normal☐ Abnormal☐ Able to eat popsicle? Yes☐ No☐