

McLaren Print System Order

Order No: 57390
 Order Date: 2020-10-05
 User: Judy Fago
 Phone: 586-493-3610

Ship Location: **Gratiot Medical Building**
 36500 Gratiot, Suite 102
 Clinton Twp, MI 48035

Forms

Quantity: 500
 Paragon Dept No: 60320
 Dept Name: Family First
 Company Number: 260

Order Total Price: 78.00

Item Number: MO-421
 Item Description: Macomb Well Adult Physical Exam
 Revision Date: 9/2020
 Print: 1 sided black and white
 Paper: 65# Blue (Lunar) Cover
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: 2 Hole Top
 Misc Info: ds; black & white; bond; tumbled; 2 hole drilled

McLaren
MACOMB

Well Adult Physical Examination

Name: _____ Age: _____ Date of Birth: _____ Date/Time: _____
 Chief Complaint: _____ PFS# _____

BP: _____ HT: _____ Temp: _____ LMP: _____
 Pulse: _____ WT: _____ Resp: _____ SMC: _____

REVIEW OF SYSTEMS (Need 18+)
 Check box for present symptoms
CONST: Obv: Chills Fatigue Night change
EYES: Obv: Discharge Vision change Discharge
ENT: Obv: Hoarse Choked Pain Discharge
RESP: SOB Cough Sputum Wheeze
CARD: Chest Pain Palpitations Dizziness CO2E
GI: Abdominal pain GI Heartburn Dysphagia Constipation Diarrhea Hemorrhoids
GU: Frequency Discharge Pain Discharge
MS: Pain/Tingling/Weakness/Paralysis/Spasticity
HEENT: Headache Dizziness Hearing loss
ENDO: Hot/cold intolerance Night sweats
SKIN: Rash Sores Ulcers
PERV: Depression Anxiety Sleep problems
NEURO: Dizziness Tremor Tingling Weakness
IMM: Chills Night sweats Weight change
 All Other Systems Negative

PHYSICAL EXAMINATION (NEED 3 FROM 8)
 Check box for normal findings (except as noted)
CONST: Other: _____
EYES: CNV2/3/4 Pupils Extraocular muscles Vision Fields
ENT: Oropharynx Larynx Nasal External auditory canals Tympanic membranes Eustachian tubes Hearing
RESP: Clear Wheezes Crackles Stridor Rhonchi Hyperresonance Decreased breath sounds
CARD: Normal Murmurs S3 S4 Gallop Tachycardia Bradycardia
GI: Soft Tenderness Bowel sounds Normal Abnormal
GU: Normal Abnormal
MS: Normal Abnormal
HEENT: Normal Abnormal
ENDO: Normal Abnormal
SKIN: Normal Abnormal
PERV: Normal Abnormal
NEURO: Normal Abnormal
IMM: Normal Abnormal
 All Other Systems Negative

Impression:

Physician's Signature: _____ Date: _____ Time: _____

WELL ADULT PHYSICAL EXAM
 09-01-2020

Spec Info: John, I need the paper to be light blue with black text. I didn't know what color to pick. Thanks, Judy