McLaren Print System Order

Order No: 60437
Order Date: 2021-02-19
User: Susan Hillger
Phone: 248-866-2048

Ship Location: McLaren PT (Janel Anderson)
G-3239 Beecher Rd
Flint , MI 48532
Forms
Quantity: 1000
Paragon Dept No: 38260
Dept Name: McLaren Flint - NRI
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
McLaren Neuro 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? ______
At the present time, would you say that your health is (circle answer): excellent good fair poor?

Medical History | Surgical History

Current Functional Issues: Please check all that apply

☐ Dizziness / Vertigo	☐ Double / Blurry vision	☐ Chewing / Swallowing problems
☐ Balance / Coordination issues	☐ Memory Issues	☐ Depression / Anxiety / Irritability
☐ Walking / Transfer difficulty	☐ Concentration problems	☐ Anger / Impulse control
☐ Muscle weakness	☐ Organization	☐ Suicidal thoughts / Attempts
☐ Arm	☐ Communication difficulty	☐ Reliving / Dreams of trauma
☐ Leg	☐ Difficulty with self care	☐ Alcohol / Drug abuse
☐ Headaches	☐ Difficulty with home chores	☐ Smoking dependence
☐ Visual deficits / Glasses / Contacts	☐ Sleep disturbances	☐ Hearing deficits / Hearing aids

Please answer the following questions:
Do you have a pacemaker? ☐ Yes ☐ No
Do you have any metal or other implants in your body? ☐ Yes ☐ No
Do you wear any splints or braces? ☐ Yes ☐ No
Do you feel afraid or unsafe with your partner or anyone else? ☐ Yes ☐ No

Spec Info:

PATIENT SELF-ASSESSMENT