

**McLaren Print System Order**

Order No: 61794  
Order Date: 2021-04-20  
User: Tammy Sagamang  
Phone: 810-342-5820

Ship Location: McLaren Int. Med. Res. Group Practice-Attn: Tammy  
3230 Beecher Road Ste 2-Med Ed Bldg  
Flint , MI 48532

Forms  
Quantity: 1000  
Paragon Dept No: 60030  
Dept Name: McLaren Int. Med. Res. Group Practice  
Company Number: 60

Order Total Price: 0.00

Item Number: M-17791  
Item Description: Progress Note (McLaren Internal Med. Res. Grp. Practice)  
Revision Date: 4/2021  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Misc Info:

McLaren Internal Medicine Residency Group Practice  
FLINT, MICHIGAN

CHIEF COMPLAINT: \_\_\_\_\_

Age	BP	Smoker	Refills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wt	Pulse	Pain level	Recent tests	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ht	Temp	UAP	Consults	<input type="checkbox"/> Yes <input type="checkbox"/> No
SBP	Resp. Rate	Glucosmeter	Blood work	<input type="checkbox"/> Office <input type="checkbox"/> Lab
			Immunizations	

MP: \_\_\_\_\_

In the past 2 weeks have you been feeling down, depressed or hopeless? Y or N  
In the past 2 weeks have you had little interest or pleasure in doing things? Y or N

ROS: \_\_\_\_\_  
PPS: \_\_\_\_\_  
MEDICATION REVIEW: \_\_\_\_\_

PHYSICAL EXAM:  
General Appearance: HEENT: Neck: Lymph Nodes: Breast: Respiratory:  
Cardiac: Abdomen: Pelvic/Rectal: Musculoskeletal: Neuro: Extremities: Skin:  
Peripheral Pulses: \_\_\_\_\_

ASSESSMENT: \_\_\_\_\_ PLAN: \_\_\_\_\_

1. \_\_\_\_\_ 1. \_\_\_\_\_  
2. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 5. \_\_\_\_\_  
6. \_\_\_\_\_ 6. \_\_\_\_\_

Counseling Time \_\_\_\_\_ Return Visit \_\_\_\_\_  
Physician Signature: \_\_\_\_\_  
DDS: \_\_\_\_\_

PROGRESS NOTES  
4/20/21

**Spec Info:**