

**McLaren Print System Order**

Order No: 62188  
 Order Date: 2021-04-30  
 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  
 PLAN WORKSHEET

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

Age _____	BPM _____	Smoker _____	Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No Recent tests: <input type="checkbox"/> Yes <input type="checkbox"/> No Consults: <input type="checkbox"/> Yes <input type="checkbox"/> No Blood work: <input type="checkbox"/> Office <input type="checkbox"/> Lab Specimens: _____
If pressure is greater than 130/90 must report			
HT _____	Pulse _____	Pain level _____	
HT _____	Temp _____	UAP _____	
SBP _____	Resp. Rate _____	Glucosmeter _____	

In the past 2 weeks have you been feeling down, depressed or hopeless?  Yes  No  
 In the past 2 weeks have you had little interest or pleasure in doing things?  Yes  No

HPI: \_\_\_\_\_

ROS: \_\_\_\_\_

PPS: \_\_\_\_\_

MEDICATION REVIEW: \_\_\_\_\_

PHYSICAL EXAM:

General Appearance	HEENT	Neck	Lymph Nodes	Breast	Respiratory
Cardiac	Abdomen	Rectal/Proctal	Musculoskeletal	Extremities	Sex
Peripheral Pulses:					

ASSESSMENT: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	PLAN: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
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Counseling Time \_\_\_\_\_ Return Visit \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_  
 CCS: \_\_\_\_\_

PROGRESS NOTES

**Spec Info:**