

McLaren Print System Order

Order No: 9305
Order Date: 2015-02-25
User: sharon singleton
Phone: (810) 342-3900

Ship Location: McLaren Sleep Diagnostic Center
3200 Beecher Road, Suite ZZZ
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 36110
Dept Name: McLaren Sleep Diagnostic Center
Company Number: 60

Order Total Price: 22.25

Item Number: M-35036
Item Description: Patient Assessment
Revision Date: 8/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLAREN FLINT
SLEEP DIAGNOSTIC CENTER
Sleep Diagnostic Center, 3200 Beecher Road, Suite ZZZ, Flint, MI 48532, (810) 342-3900

PATIENT ASSESSMENT

Please complete the following questionnaire and return as soon as possible in the enclosed envelope.
Call if you have any questions (810) 342-3900.

Today's Date: _____ Usual Bedtime: _____
Name: _____ Date of Birth: _____
Bed time of day and number to reach you: _____, no/no Please if: _____
Current Weight: _____ Height: _____ Sex: Male Female

"X" OR CIRCLE THE CORRECT ANSWER OR WRITE REQUESTED INFORMATION

1. Describe the sleep or wake problem that concerns you.

*Do any other members of your family have sleep problems? If yes, explain.

2. How long have you had this problem? _____
3. Have you had a sleep evaluation or study before this? Yes No
 - 3a. When? _____
 - 3b. What kind? _____
 - 3c. When? _____
 - 3d. Treatment? _____
 - 3e. Are you currently using CP? Yes No
 - 3g. How many nights per week _____


