

Capital Internal Medicine Associates, P.C.

*A New Beginning OB/GYN *CIMA Acute Bridging Clinic *CIMA Breast Center *CIMA Heart Institute
 *CIMA Main Office *CIMA Primary Care * Haslett Primary Care *Kozmic Family Practice
 *Mason Internal Medicine *Williamston Primary Care

PLEASE COMPLETE THIS QUESTIONNAIRE AND BRING WITH YOU TO YOUR SCHEDULED APPOINTMENT

Last name: _____ First: _____ Middle: _____ Birthdate: ___ / ___ / ____.

PLEASE DESCRIBE ANY CURRENT/PRESENT PROBLEM(S):

PLEASE DESCRIBE ANY PRIOR MEDICAL PROBLEM(S) or DIAGNOSIS:

LIST YOUR PREVIOUS PRIMARY CARE DOCTOR and ANY SPECIALISTS THAT YOU SEE or HAVE SEEN IN THE PAST:

LIST ANY PRIOR HOSPITALIZATIONS and /or SURGERIES:

DATE	PROCEDURE	REASON

PLEASE LIST ANY ALLERGIES AND YOUR REACTION TO THEM

ALLERGY/MEDICATION	REACTION

PLEASE LIST MEDICATIONS YOU ARE USING:

MEDICATION TAKING	DOSAGE	REASON FOR USING

(May use back of page for any additional information)

The Group Health Plan within the Capital Internal Medicine Associates,
 PC Employee Benefits Plan complies with applicable Federal civil rights laws
 and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish	ATENCIÓN:	si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-517-374-7600.
Arabic	ملحوظة:	برقم التصليل بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة انكر تتحدث كنت إذا 1-517-374-7600

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Alcohol Use: Never used, past use, Beer, Wine, Liquor, Treatment for use

Caffeine Use: Never used, past use, Coffee, Tea, Cola's, ounces per day _____

Diet: No restrictions, Diabetic, Low Salt, Low fat/Low Cholesterol, Calorie Restriction, Fluid Restriction

Exercise: Type: _____ Frequency _____ Length: _____

Illegal Drug Use: Never used, Past use, Type: _____ Treatment Yes No

Seat Belt Use: Yes No **Smoke Detectors:** Yes No

Victim of Domestic Violence: Yes No Current Past

Review of Systems:

(Please circle all ROS that apply to you on the day of your visit, or in the recent past only)

General Health: tiredness, fever, chills, night sweats, weight loss, weight gain,

Skin: rash, hives, itching, blisters, dry skin

Eyes: double vision, poor vision, blurred vision

Ear, Nose, Throat: sore throat, ringing in ears, sinus infections, bloody noses, voice changes
Hearing loss, spinning, dizziness

Neck: thyroid masses, neck pain, stiffness

Lungs and Heart: shortness of breath, cough, coughing up blood, coughing up phlegm,
wheezing, heart skipping, heart beating fast, pain in leg muscles when
you walk, chest pressure, chest pain, chest tightness

Digestive System: vomiting, nausea, diarrhea, constipation, change in bowel habits,
black stools, painful bowel movements, painful anal spasms, abdomen pain

Genitals and Urinary: frequent urination, slow urinary stream, burning or pain with urination,
Unusual vaginal discharge, discharge from penis, change in sex drive

Muscles and Joints: pain, swelling, stiffness, decreased motion

Diabetic Symptoms: unusually thirsty, unusually large volume or frequent urination

Thyroid Symptoms: compared to others are you unusually cold or hot Yes No

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Nervous System: weakness, numbness, imbalance, headaches, tremor (shaking)

Blood System: anemia, easy bruising, unusual bleeding when you cut yourself or brush your teeth

Infections: Measles, Mumps, German Measles, Chicken Pox, Shingles

Emotions: Depression, Anxiety

Additional Comments:

Thank you for taking the time to fill out this form!

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