

Capital Internal Medicine Associates, P.C.

*A New Beginning OB/GYN *CIMA Breast Center
*CIMA Main Office * Haslett Primary Care *Kozmic Family Practice
*Williamston Primary Care

Patient Health Questionnaire

Patient Name: _____ Today's Date: _____ Date of Birth: _____

Preferred Pharmacy: _____

CURRENT MEDICATIONS AND DOSAGE:

(Include herbals or vitamins)

ALLERGIES TO MEDICATIONS:

(Include type of reaction)

PAST MEDICAL PROBLEMS:

PAST SURGERIES (Include dates):

SOCIAL HISTORY:

Smoking Status: Current Former Never

If current: How many packs per day? _____ For how many years? _____

If former: How long since quitting? _____

Are you exposed to second hand smoke? Yes No

Alcohol Use: Yes No Drinks per week: _____

Caffeine Use: Yes No Cups per day: _____

Recreational Drug Use: Yes No

If Yes, Marijuana Cocaine Heroin Methadone LSD Other: _____

Seat belt use: Yes No

Smoke Detectors in home: Yes No

Victim of Domestic Violence: Yes No Current Past

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 اتصل بالمجان لك توافر اللغوية المساعدة خدمات فين، اللغة اذكر تتحدث كنت إذا 1-517-374-7600

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

FAMILY HISTORY: Mother, Father, Children, Brother, Sister & Grandparents

Mother: Living or Deceased? Age: _____ Cause of Death: _____

Father: Living or Deceased? Age: _____ Cause of Death: _____

Please list Relative(s) of any that apply:

MOTHER'S FAMILY

BREAST CANCER:	AGE AT DIAGNOSIS:
OVARIAN CANCER:	AGE AT DIAGNOSIS:
UTERINE CANCER:	AGE AT DIAGNOSIS:
HEART DISEASE:	
HIGH BLOOD PRESSURE:	
HIGH CHOLESTEROL:	
STROKE:	
DIABETES:	
BLOOD CLOTS (DVT):	
OTHER CANCER:	
THYROID DISORDERS:	
OSTEOPOROSIS:	
MENTAL DISORDER:	
BLEEDING DISORDER:	

Please list Relative(s) of any that apply:

FATHER'S FAMILY

BREAST CANCER:	AGE AT DIAGNOSIS:
OVARIAN CANCER:	AGE AT DIAGNOSIS:
UTERINE CANCER:	AGE AT DIAGNOSIS:
HEART DISEASE:	
HIGH BLOOD PRESSURE:	
HIGH CHOLESTEROL:	
STROKE:	
DIABETES:	
BLOOD CLOTS (DVT):	
OTHER CANCER:	
THYROID DISORDERS:	
OSTEOPOROSIS:	
MENTAL DISORDER:	
BLEEDING DISORDER:	

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 اتصل بالمجان لك تتوافر اللغوية المساعدة خدمات في اللغة اذكر تتحدث كنت إذا 1-517-374-7600

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

Obstetrics and Gynecology History

NAME: _____ TODAY'S DATE: _____ BIRTHDATE: _____

Pharmacy: _____

Marital Status: Single Partner Married Divorced Widowed

Occupation _____

Last Pap Smear _____

History of Abnormal Pap Smear? _____ If yes, what was the result _____

Last Mammogram _____ Do you perform monthly Breast exams? Yes No

Last Bone Density _____

Last Colonoscopy _____

Last Cholesterol Test _____

Do you still have periods? Yes No If no, age menopause began _____

First day of last menstrual period _____ Age of first period? _____

Periods come every _____ days Periods last how many days? _____

Periods are Light Moderate Heavy Painful Irregular

Do you bleed between periods? Yes No

Are you sexually active? Yes No Do you bleed after sex? Yes No

Sex with? Men: Yes No Women: Yes No Both: Yes No

Sexual intercourse prior to age 16: Yes No

Number of lifetime partners, 5 or more? Yes No

If you are reproductive age, are you currently on Birth Control? Yes No

If Yes, what type? _____ If IUD or Nexplanon, what is insertion date? _____

If No: How do you prevent pregnancy? Tubal Ligation Essure Partner Vasectomy Other: _____

History of chronic yeast or bacterial infections? If Yes, which _____

History of STD? Chlamydia Gonorrhea Trichomoniasis Herpes Genital Warts HIV Syphilis

History of PID? Yes No

Over age 50-Exposure to Diethylstilbestrol (DES)? Yes No

Human Papillomavirus (HPV) vaccines? Yes No

Have you ever been pregnant? Yes No

Number of pregnancies _____ Number of Live Births _____ Number of Living Children _____

Number of Miscarriages _____ Number of Elective Terminations _____

Number of C-Section Deliveries _____ Number of Vaginal Births _____

Number of Premature Births <37 weeks _____

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:	إذا كنت تتحدث انكسر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-517-374-7600

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

SYMPTOM REVIEW: (Please circle all that apply)

General: Night Sweats

Gastrointestinal: Blood in Stool

Genitourinary: Blood in Urine Frequent Urination Painful Urination Urgency to Urinate
Urinary Incontinence

Gynecological: Heavy Bleeding Irregular Bleeding Frequent Missed Periods Painful Intercourse
Painful Periods Bleeding Between Periods Vaginal Discharge Vaginal Itching

Breast: Breast Lump Breast Pain Nipple Discharge

Endocrine: Cold Intolerance Hair Loss Hot Flashes

Psychological: Anxiety Depression Mental or Physical Abuse

Hereditary Cancer Screening

Has a family member tested positive for a BRCA or Lynch Mutation? Yes No

Have you or any of your relatives been tested for a hereditary cancer syndrome? Yes No

Any parents, children, siblings, aunts/uncles, nieces/nephews or grandparents ever been diagnosed with:

Ovarian OR Pancreatic cancer AT ANY AGE? Yes No

Breast Cancer BEFORE AGE 50? Yes No

3 or more breast cancers on the **same side of the family** AT ANY AGE Yes No

Ashkenazi Jewish ancestry **and** 1 breast cancer AT ANY AGE Yes No

Triple Negative Breast cancer BEFORE AGE 60? Yes No

MALE Breast Cancer AT ANY AGE? Yes No

Any parents, children or full siblings diagnosed with:

Colon or Uterine (Endometrial) cancer BEFORE AGE 50? Yes No

MALE ONLY-Metastatic Prostate Cancer AT ANY AGE? Yes No

Lynch Syndrome Cancers: Colorectal, Uterine, Ovarian, Stomach, Small Bowel, Brain, Kidney/Urinary Tract, Ureter or Renal Pelvis?

3 or more colon, uterine or Lynch cancers AT ANY AGE, **Same side of the family?** Yes No

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:	إذا كنت تتحدث انكسر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-517-374-7600