

Capital Internal Medicine Associates, P.C.

*A New Beginning OB/GYN *CIMA Breast Center
*CIMA Main Office * Haslett Primary Care *Mount Hope Clinic
*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

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:	
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