

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

1003 E. Mount Hope Ave.

Lansing, MI 48910

Phone: (517) 853-3704 Fax: (855) 501-6733

Dr. Denham New Patient Form

Patient Acct# _____

Thank you for becoming a new patient of Dr. Denham. These forms will help our doctor and staff get to you know you better. Please fill out all the questions prior to your visit. Your first appointment will be mainly a "get to know you" type visit. Some things you may expect at the appointment are: a review of your medical and social history, a short physical exam, and a discussion of your top concerns or questions (usually, will be limited to 2 primary concerns).

- Please arrive 30 minutes prior to the start of your appointment time. This is to ensure there is enough time to enter in all your medical information into our computer system.
- Please bring any recent labs or imaging results you may have gotten done by other doctors if you are able.

The process for the first appointment is always the longest due to gathering information. Follow up appointments will be approximately 15-20 min. It may take a few follow up appointments to get your concerns fully addressed, especially if the concern has been present for a long time and the treatment is holistic. Additionally, the number of visits needed and the limited time per appointment, is also due to Dr. Denham taking insurance and not being a cash based holistic practice, which is a major benefit for most people. Although Dr. Denham does not usually do primary care, if you do not have a primary care physician, and are looking for one, options for this can be discussed at your appointment.

Dr. Denham tries to treat all patients holistically and with lifestyle changes when possible. Answering the following questions will help us get to know you and your lifestyle better.

Questions to Answer by Patient:

Name _____

Questions regarding your eating habits

How many meals do you have per day? _____

Excluding water, what time is your first drink, snack or meal of the day? _____

Excluding water, what time is your last drink, snack or meal of the day? _____

How many snacks do you have per day? _____

Give examples of the snacks you eat: _____

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 اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-517-374-7600

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Give examples of what you eat for:

Breakfast- _____

Lunch- _____

Dinner- _____

How many bowel movements do you have per week? _____

Questions regarding sleep

What time do you wake up? _____

What time do you go to bed? _____

Do you feel rested when you wake? _____

How many times do you wake up in the night? _____

Questions regarding stress

In a few words, what are the major stressors in your life?

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