





**SOCIAL HISTORY**

Do you live alone? Yes No Do You have any children? Yes No If so, how many? \_\_\_\_\_

Do you exercise? Yes No Do you drink Caffeine? Yes No If yes what type and how much? \_\_\_\_\_

Do you drink Alcohol? Yes No If yes how often? \_\_\_\_\_

Do you smoke? Yes No If yes what type and how often? \_\_\_\_\_

Are you Employed? \_\_\_\_\_ If yes where and what is your job description? \_\_\_\_\_

What are you hoping to get out of your first visit?

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How did you find us? \_\_\_\_\_

**Notice of Privacy Practices and PCMH Information**

I acknowledge that I have read and/or received a copy of West Bloomfield Internal Medicine's Privacy Practices and Patient Center Home Health care form.

Patient Signature: \_\_\_\_\_

Patient Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Being a part of a Patient-Centered Medical Home Neighborhood, your Primary Care Physician will:**

- Help you to improve your health
- Review your medications at every visit and make changes if needed
- Work with you to improve your health and manage any chronic health conditions
- Set health goals with you and monitor your progress to help you stay healthy
- Use the latest technology as needed to improve your care
- Provide you with all test results in a timely manner
- Provide you with educational material and information about community programs that help you improve your health
- Provide 24-hour phone access to a trained professional (doctor, nurse or provider)
- Provide after-hours care centers to be available for your visit within 24 hours
- Provide same day appointments when needed

**By choosing to participate in a Patient-Centered Medical Home, I agree to:**

- Make sure my doctor knows my entire medical history
- Tell my doctor all of the medications I am taking
- Actively participate with my doctor in planning my care
- Keep my appointments as scheduled
- Follow my doctor's recommendations
- Frequently sign into my patient medical record portal to update my medical history, review messages, and communicate with my provider(s) when necessary
- Ask my doctor questions about things I do not understand
- Ask my Primary Care Physician for advice before making an appointment with a specialist
- Ask other health care providers to send my doctor information such as lab or test results, x-rays, or treatment notes
- Understand my insurance, what it covers and update the office with changes
- Provide the office feedback on how they can improve my care

**Being a part of a Patient-Centered Medical Home Neighborhood, your Specialist will:**

- Communicate with your Primary Care Physician about treatment plans, medications, test orders and test results
- Support the treatment plans and goals set by your Primary Care Physician
- Have an agreement with your Primary Care Physician regarding who will lead responsibility for your care if a disease exists
- Have same day appointments available for urgent problems and appointments 1-3 weeks available depending on medical needs
- Work with your Primary Care Physician to coordinate all aspects of your care

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**UNITED  
PHYSICIAN**  
Advancing Physician Performance