



NEW PATIENT INFORMATION

Date: _____ Name: _____ Birthdate _____ Sex _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Occupation: _____ SSN#: last 4 digits only _____

PLEASE CIRCLE

Married Single Widowed Divorced Domestic Partner Legally Separated Life Partner

Sexual orientation: homosexual, heterosexual, Bisexual, Choose not to disclose

Gender identity: Identifies as Male/ Female, Transgender, Choose not to disclose

Assigned sex at birth: Male, Female, Choose not to disclose

Pronouns: he/him, she/her, they/them

PATIENT'S ETHNICITY

____ Hispanic or Latino ____ Not Hispanic or Latino ____ Unreported/Refused to Report

RACE:

____ Asian ____ Black/African American ____ American Indian/Alaska Native ____ White

____ Unreported/Refused to Report

PREFERRED LANGUAGE:

____ English ____ Indian (including Hindi & Gujarati) ____ Spanish ____ Other

CONTACT INFORMATION:

Primary Phone: _____ Home Cell Work Other: _____

Secondary Phone: _____ Home Cell Work Other: _____

Name and telephone number of someone to reach in case of an emergency,

NAME	PHONE	RELATIONSHIP
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Synergy Medical

Patient Name _____ Birthdate: _____ Physician: _____

Thank you for choosing Synergy Medical PC as your health care provider. We are committed to your successful treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Patient Financial Responsibility Policy, which we require you to read and sign prior to seeing the physician. Please let us know if you have any questions or concerns.

I understand all copayments, co-insurance and past due balances are due and payable at the time of service. For your convenience, we accept cash, check, Visa, MasterCard, American Express, and Discover.

I understand I am financially responsible for treatment provided to me or my legal dependent by Synergy Medical PC. This includes physicals, office visits, procedures, lab or diagnostic testing ordered by my physician.

I understand my insurance policy is a contract solely between me and my insurance company. It is my responsibility to know if my insurance company has any deductibles, copayments, co-insurance, out-of-network or benefit limitations for medical, lab or diagnostic services. I understand that, as a courtesy, my physician will submit a claim to my insurance plan. I authorize my insurance plan to make payments for covered services directly to my physician.

I authorize Synergy Medical PC to communicate with my health insurance company, in accordance with their Privacy Policy, regarding my policy coverage. I further authorize Synergy Medical PC to release information required by my insurance company to make payment for services rendered.

If there is a balance on my account, a statement of my charges and payment will be sent to my mailing address. A payment plan may be set up if I have financial difficulties.

I understand appointment cancellations with less than 24 hour notice or "No Show" patients can be charged a service fee of up to \$20.00 for missed office visit. I understand I am responsible for this fee. I understand it cannot be billed to my insurance plan.

I have read the Patient Financial Policy and understand my responsibilities.

Signature of Patient/Parent/Legal guardian/Patient advocate/Next of kin – circle one Date



Synergy Medical

Communicate with us securely ONLINE

The "Patient Portal" is a service we provide to our patients that integrates with our electronic medical record and provides more efficient service to you.

THE PATIENT PORTAL SHOULD ONLY BE UTILIZED FOR ROUTINE MATTERS AND SHOULD NOT BE UTILIZED FOR URGENT ISSUES.

Services that are available in the "Patient Portal":

- Request medication refills
- Receive test results
- Request referrals to specialists
- Instant access to your medical records
- Ask your physician a question

Access the Patient Portal at www.drgandhimd.com

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Complete the information listed below. Once this form is received, you will be given a temporary password that you need to create your portal account.

Patient's First Name: _____ Patient's Last Name: _____

Patient's Birth Date: _____

Patient's CURRENT Email address: _____



MEDICAL HISTORY FORM

Name: (last) _____ (first) _____ Date of Birth: _____ SEX: M/F
Mail Order Pharmacy: _____ Phone: _____
Local Pharmacy: _____ Phone: _____
Language Spoken at home: _____

MEDICATIONS:

Please list all medications (include over-the-counter?)

In preparation for your visit bring all medications, inhalers, Vitamins, or supplements in their original bottles.

NAME STRENGTH FREQUENCY

1. _____

2. _____

3. _____

4. _____

ALLERGIES:

Are you allergic to any drugs or medications?

NO YES If yes, what

Do you have any food allergies?

NO YES If yes, what?

5. _____

6. _____

7. _____

8. _____

FAMILY HISTORY: (Cancer/BP/Diabetes/Bleeding Disorder/Anemia, etc.)

MOTHER: _____

BROTHER: _____

FATHER: _____

SISTER: _____

OTHER: _____

ADVANCED DIRETIVES – Y/N

LAST MAMMOGRAM –

FACILITY-

LAST COLONOSCOPY-

FACILITY-

PAST MEDICAL HISTORY/SURGERY

1. _____

2. _____

3. _____

4. _____



Thank you for partnering with our office and taking an active role in your health. In order to enhance our partnership it is important we share some helpful practice information.

Our office hours are: Monday-Thursday 8:45 am-5:00 pm.

Friday 8:45 am- 4:30pm, and 1-2 Saturdays per month from 9:00 am-1:00 pm

After hours you will be directed to our answering service for further instructions.

(Please call during business hours for prescription refills)

We have developed a partnership with Healthy Urgent Care and St Joseph Mercy Urgent Care Canton and they will forward their findings to our office the following day. Should you find yourself in a situation where you must seek medical care after hours and it is NOT a life threatening emergency please use:

Healthy Urgent Care

29531 Plymouth Rd.

Livonia, Mi 48150

734-525-7939

Hours MON-FRI 8 am-8 pm

SAT-SUN 8 am-6pm

St. Joseph Mercy Canton

1600 S. Canton Center Rd.

Canton, MI 48188

734-844-8743

Hours MON-SUN 8 am- 10 pm

Should you have a life threatening emergency please go to the nearest hospital.

Ask about our Patient Web Portal. We have a Patient Portal that supports two-way, secure and compliant communication.

Ask any of our staff about Community Services or contact the following"

NEED HELP? 2-1-1 is now available. Dial 211 from any phone and you will be connected with a referral hotline that can connect you with non-profit agencies in your area that can help with Human, Health and social needs (i.e., utilities, housing, health insurance, food, diapers, etc.)

A listing of the area resources can be found on this website: <https://www.referweb.net/uwjc>

PCP Patient Provider Agreement
SYNERGY MEDICAL
9216 Middlebelt Road, Livonia, MI 48150

A Patient Centered Medical Home is a partnership between a patient and their physician.

We trust you as our patient to:

- Ask questions, share your feelings and be part of your care
- Be honest about your history, symptoms, and other important information about your health
- Tell your doctor about any changes in your health and wellbeing
- Take all of your medicine and follow your doctor's advice
- Make healthy decisions about your daily habits and lifestyle
- Prepare for and keep scheduled visits or reschedule visits in advance whenever possible
- Call your doctor *first* with all problems, unless it is a medical emergency
- Consult my doctor before going to a specialist

A Patient-Centered Medical Home (PCMH) is a system of care in which a team of health professionals work together to provide your entire healthcare needs. You, the patient, are the most important part of a patient centered medical home. When you take an active role in your health and work closely with us, you can be sure that you're getting the care you need.

As your Patient Centered Medical Home physician I agree to:

- Explain diseases, treatments, and results in an easy-to-understand way
- Listen to your feelings and questions to help you make decisions about your care
- Keep your treatments, discussions, and records private
- Provide 24 hour access to medical care and same day appointments, whenever possible
- Provide instructions on how to meet your health care needs when the office is not open
- Give you clear directions about medicines and other treatments
- Refer you to specialists as needed
- End every visit with clear instructions about expectations, treatment goals, and future plans