Services Offered by Grace Health

- Behavioral Health
- Dental
- Family Practice
- Health Education
- Internal Medicine
- OB/GYN
- Optometry/Vision Care
- Pediatrics
- Pharmacy
- Physical Therapy
- Podiatry

Community Health Workers/Resource Specialists

Our Community Health Workers and Resource Specialists help patients connect to local resources and navigate programs for items such as food, transportation, housing, prescriptions, and other basic needs.

"Ask a Nurse" 24/7

Grace Health has nurses available 24 hours a day to talk with you. The nurses can give you advice about how to take care of yourself at home, or advise if you need an appointment or need to be seen in the Emergency Room. The nurse can also communicate with your provider about your concerns.

Lab

On-site lab services are provided by Bronson Laboratory at our Battle Creek location.

Interpreters

Language interpretation and American Sign Language services are available upon request.

School-Based Health Services

Student Health Centers

- Springfield Middle School
- Lakeview High School
- Battle Creek Central High School

School Wellness Programs

- Northwestern Middle School
- W.K. Preparatory High School

Behavioral Health (only)

- Dunlap Elementary
- Purdy Elementary
- North Pennfield Elementary
- Homer Schools
- Verona Elementary

Mission Statement

To provide patient-centered healthcare with excellence in quality, service and access

Your health care is important to us. Call if you are unable to keep your appointment.

How to Contact Us

Main Number	(269) 965-8866
Administration	(269) 966-2600
Behavioral Health	(269) 441-1960
Bronson Laboratory	(269) 441-3477
Dental	(269) 966-2625
Family Practice/Internal Medicine	(269) 965-8866
OB/GYN	(269) 965-8866
Optometry / Vision Care	(269) 441-6812
Outreach & Enrollment	(269) 441-1966
Patient Accounts	(269) 441-3456
Pediatrics	(269) 965-8866
Pharmacy	(269) 441-6774
Physical Therapy	(269) 441-6812
Podiatry	(269) 441-6812

Fax Numbers:

Administration	(269) 965-4773
Health Information	(269) 966-2627
Pharmacy	(269) 441-6775

Albion Dental

Phone:	(517) 629-6540
Fax:	(517) 629-6589

After 5 p.m., please call (**269) 965-8866** for after-hours emergency instructions or to speak with a nurse.

For additional information please visit our website at:

www.gracehealthmi.org

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grace HEALTH

Partnering with You in Your Health Care

181 West Emmett Street
Battle Creek, MI 49037
269-965-8866

115 Market Place
Albion, MI 49224
517-629-6540

Insurance / Payment Policy

Grace Health accepts Medicaid and most insurance plans.

We believe it is our responsibility to clearly communicate what we expect in our financial relationship with you. We will be glad to answer any questions you may have about the following guidelines.

- Grace Health requests payment (or an arrangement to pay) at the time of service for deductibles, co-payments, and as allowed by contract, non-covered services.
- Payment may be made by cash, check, money order, VISA, MasterCard or Discover.
- If you made arrangements to pay in installments, we expect that you will make payments in a timely manner.
- We participate with many insurances. A Patient Accounts Representative will answer any questions you may have about Grace Health's participation in managed care or other health care plans.
- We will file your insurance claim(s) at no cost to you for any covered service. If we do not receive an insurance payment in 30-45 days, we may bill you directly.
- We expect you to present your Medicaid card at each visit as required by the Medical Assistance Program.
- If you need financial assistance, Grace Health has a Sliding Fee Discount Program through a grant from the Public Health Service.
- Failure to pay your portion of your bill in a timely manner, without prior arrangements, may result in you and your family not being allowed to be patients at Grace Health any longer.

To speak with a patient accounts representative regarding discounts and billing inquiries, call 269-441-3456.

Medical Records

All health information is strictly confidential and will not be released without your written permission. Copies of records for other healthcare providers/facilities will be provided free of charge. There is a fee for copies made for your personal records.

A Patient-Provider Partnership

At Grace Health, patient care is given in a team-based setting. Your Primary Care Provider (PCP) works with other providers and medical staff who also know your medical history. Each team makes up a "Neighborhood", and we want you to be seen in your Grace Health Neighborhood whenever you need healthcare.

Call us first with all health-related problems unless you have a true medical emergency. If you have a medical emergency, call 911 or go to the nearest emergency room.

Our Role in Your Care

- Treat you as a partner in your care.
- Be available and timely with our care and information to you.
- Get to know you, your family, your life situation, and your preferences.
- Suggest care, treatments and goals that make sense for you.
- Answer your questions in a way that you understand.
- Connect you to resources that help you achieve better health.
- Communicate your plan of care with your healthcare team.

Your Role in Your Care

- Know that you are a partner in your care.
- Make appointments with your PCP and be on time.
- Learn about your health/health conditions.
- Share information about all medications and treatments received elsewhere.
- Work with your PCP to identify and monitor treatment and self-care goals.
- Help make decisions about your care.
- Join in activities to reduce health risks.
- Follow the treatment plan that you and your PCP have agreed on.
- Ask questions until you understand!

For your privacy and the privacy of others, cell phone use is prohibited in clinical areas.

Hours

Family Practice, Internal Medicine
Monday – Thursday 7:30 a.m.. – 6:30 p.m.
Friday 8:00 a.m. – 5:00 p.m.

Pediatrics
Monday – Thursday 7:30 a.m. – 6:30 p.m.
Friday 8:00 a.m. – 5:00 p.m.

OB/GYN
Monday – Friday 8:00 a.m. – 5:00 p.m.

Behavioral Health
Monday – Thursday 8:00 a.m.. – 6:30 p.m.
Friday 8:00 a.m. – 5:00 p.m.

Dental
Monday – Thursday 7:30 a.m. – 6:30 p.m.
Friday 8:00 a.m. – 5:00 p.m.

Optometry / Vision Care
Monday – Friday 8:00 a.m. – 5:00 p.m.

Pharmacy
Monday – Friday 8:00 a.m. – 7:00 p.m.

Physical Therapy
Monday & Thursday 8:00 a.m. – 5:30 p.m.
Tuesday & Wednesday 8:00 a.m. – 5:00 p.m.
Friday 8:00 a.m. – 12:00 p.m.

Podiatry
Thursday 1:00 pm. – 5:00 p.m.

Albion Dental
Monday – Friday 8:00 a.m.. – 5:00 p.m.

Grace Health will open at 9:00 a.m. on the first Friday of the following months: January, March, May, July, September, and November.

Appointments

Please let the Patient Service Assistant know the name of your PCP. We will make every effort to accommodate your request and can often see you the same day.

Please bring the following items with you to every appointment:

- Photo ID
- Insurance or Medicaid card
- Bottles of all current prescription medications, vitamins, supplements and any other over-the-counter pills you currently take.

Your health care is important to us. Call if you are unable to keep your appointment.

Patient Rights

- You have the right to access care regardless of race, color, creed, sex/gender identity, sexual orientation, national origin, religion, disability or source of payment, unless restricted by contract.
- You have the right to receive considerate, respectful care with recognition of your personal dignity.
- Information about your care will be treated as confidential. Information will not be released to anyone without your approval, except if required or allowed by law.
- You have the right to expect reasonable safety and privacy where Grace Health practices and environment are concerned.
- You have the right to request accommodations for a disability.
- You have the right to receive language or American Sign Language (ASL) interpretation.
- You have the right to have your questions answered about Grace Health rules and regulations regarding patient care.
- You have the right to know the identity of anyone providing a service to you.
- You have the right to know which healthcare provider is primarily responsible for your care (your primary care provider or PCP).
- You have the right to have information explained to you so you can understand it and to have all your questions answered.
- You have the right to make decisions about the plan of care that is recommended by your provider. You have the right to accept or refuse care or recommended treatment to the extent permitted by law.
- You have the right to discuss the benefits, risks and costs of all treatment options and receive advice from your provider about the best course of action.
- You have the right to have your pain assessed and managed to the greatest extent possible and to participate in planning your pain management.
- You have the right to expect that Grace Health will provide you with necessary health services to the best of its ability. If care is required which isn't available at Grace Health, referral or transfer may be recommended for you.
- You have the right to review your medical record and have the information explained, except when restricted by law. You have the right to receive a copy of your record.
- We value your feedback. You have the right to voice your concerns without fear of discrimination. If you would like more information about our complaint process or to share a compliment about our services, please contact any Grace Health employee.
- You have the right to see a copy of your bill and have the bill explained to you. You have the right to receive a copy of your bill, except when prohibited by state or federal regulations.
- You have the right to information about financial assistance.

Please call (269) 965-8866 to let us know if you have any comments, questions or concerns about care at Grace Health.

Patient Responsibilities

- You are responsible for calling us first with all health-related problems, unless it is a medical emergency (in that case, go to the nearest emergency room.)
- You are responsible for keeping appointments. If you cannot keep your appointment, it is your responsibility to call and cancel the appointment with as much notice as possible.
- You are responsible for providing accurate and complete information about your medical problem(s), current medications and past medical history.
- You are responsible for reporting to your healthcare provider any un-expected changes in your health or care received by a specialist or other healthcare facility.
- You are responsible for telling us if you do not understand your treatment plan or what is expected of you.
- You are responsible for being truthful and to express your concerns clearly to your healthcare provider.
- You are responsible to help your provider plan your care and to tell your provider if you cannot follow through with your plan of care.
- You are responsible for providing correct and timely insurance information to Grace Health staff. It is your responsibility to pay your part of the bill as fast as possible.
- You are responsible for following Grace Health rules that affect patient care and conduct.
- You are responsible for being considerate of the rights of other patients, visitors, and staff, including not using foul, abusive, or threatening language or behavior.
- You are responsible for being respectful of the property of other patients, visitors, staff, and Grace Health property.
- Failing to comply with any of these responsibilities may result in you and your family (or household members) not being seen as patients at Grace Health any longer.

Patient Rights and Responsibilities

grace HEALTH

181 West Emmett Street
Battle Creek, MI 49037-2963
(269) 965-8866

115 Market Place
Albion, MI 49224-1767
(517) 629-6540

We create a record of all the medical, pharmacy or dental services that you receive at Grace Health. This record contains information about your symptoms, examinations, test results, x-rays, diagnoses, treatment, our plan for future care and the services we have provided.

At Grace Health, we respect our patients and their personal information. We are committed to protecting the privacy of our patient records. We are also required by state and federal laws to maintain the privacy of protected health information.

One of the requirements of the federal Privacy Rules is to provide patients with a Notice of Privacy Practices. This notice tells how we may use your patient information and how it may be disclosed to others. It also explains your rights and some of our legal obligations regarding your health records.

Uses and disclosures of health information

Grace Health employees may use or disclose your patient information to provide treatment, obtain payment and carry out health care operations.

Treatment: Your patient information is used by the people taking care of you at our office. We may also share information with others who are helping us provide treatment for you, such as a medical specialist, hospital, laboratory or pharmacy.

Payment: Your patient information may be used as we bill and collect payment for the treatment and services you receive. We may contact your insurance company to verify coverage, and we may share the information with them to obtain payment for services we have provided or to request authorization for treatment. Information may be disclosed to our collection agency in case of non-payment for services.

Operations: We may use your health information as we operate and manage our practice and to make sure that you and our other patients receive quality care. This includes using patient information to evaluate the performance of our staff, to find ways to become more efficient and to decide what services to offer. When information is shared with others who provide business services for our organization, they are also required to protect the privacy of our patient information.

Appointment reminders and leaving messages: We may contact you or leave a message on an answering machine or with a household member to remind you of your appointment. We may also leave messages about the status of services we are providing for you or to request return calls to our office.

Text messaging: If you share your cell phone number with us, appointment reminders and payment alerts may be sent in text messages. We may also send you information about tests, appointments, and other procedures for which you are due. Text messaging is optional, so you may opt out at any time.

Other electronic communication: We may securely send or receive messages through the Patient Portal. We do not use email to communicate with individual patients or receive messages from them.

Treatment alternatives: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Fundraising: Some patients may receive letters requesting donations to Grace Health. If you do not want to be on that mailing list, you may contact us by phone or mail.

Emergency situations: In the case of a medical emergency, your information may be disclosed without obtaining a signed authorization to prevent delays in treatment. We may not be able to honor any normal restrictions on use or disclosure if emergency treatment is required. We may notify your family members, caregivers, and/or close friends in case of a medical emergency or if you are incapacitated. We may also share information that relates to their involvement in your health care based on our professional judgment if we determine it is in your best interest.

Disclosures permitted by law: We may disclose information about you without your permission if permitted or required by law. This includes the following situations:

- Immunization records – Immunization records will be reported to the Michigan Care Improvement Registry (MCIR).
- Public health authorities – We will disclose information to your county health department if you have one of the communicable diseases that must be reported under Michigan law. Information may be reported to state or federal agencies regarding preventing or controlling disease, workplace injuries and adverse events related to food or medical products.
- Controlled substance reports – If our pharmacy dispenses a controlled substance, we will report all details of the prescription and your government-issued ID to the State of Michigan.
- Court order – We will release any information requested in a court order or a subpoena issued by an official of the courts.
- Minor's confidential information – If you are a minor seeking your own care as allowed by law, we may contact your parents with information about your condition if it is determined medically necessary by a health care provider. Your parents may also become aware of the treatment if they are responsible for payment for the services.
- Abuse or neglect – We will report cases of suspected abuse or neglect to Child Protective Services or Adult Protective Services as required by law.
- Domestic abuse – We will report cases of domestic abuse to the authorities as required by law.
- Law enforcement – We may release information to law enforcement as needed to avert a serious health or safety threat or to locate a suspect, fugitive, material witness or missing person. We may release information to law enforcement for investigation of illegal activities involving controlled substances.

- Dental records – Dental records may be released to law enforcement to identify a deceased or missing person.
- Deceased patients – Information about deceased patients may be disclosed to the medical examiner, funeral director or an institutional review board such as the Fetal Infant Mortality Review.

Integrated Health Partners (IHP): We are a member of this hospital physician organization whose activities include medical insurance support, quality improvement and a community collaborative for chronic disease and case management. Your information may be shared with the IHP staff and partnering providers for those purposes.

Health Information Exchange: Other healthcare organizations providing care for you and clinical record extract services providing information to your insurance company may be able to view your health records electronically. Contact our Privacy Officer if you wish to opt out from this electronic exchange.

Video Recording: With your signed consent, your medical appointment with a resident may be recorded for educational purposes.

Other uses and disclosures: We will obtain written authorization from you or your legal representative for any uses or disclosures that are not described above, are not permitted by law or are not related to treatment, payment or health care operations. You may revoke a previously made authorization by providing written notice.

Notification of breaches: We will make every effort to protect the privacy of your health information. We will notify you by mail about a breach of confidentiality.

Patient rights

You have the following rights regarding your medical or dental records:

- Right to request restrictions on uses or disclosures – You have the right to request that we place limitations on our use or disclosure of your patient information. We have the right to choose not to agree to the requested restriction.
- Right to receive confidential communications – You have the right to request that we use alternative methods to contact you. We have the right to choose not to agree to the request.
- Right to inspect and copy – You have the right to make an appointment to review your health records. You may also request to receive a copy of your records at a reasonable fee. You may request that the records be provided in electronic format.
- Right to amend – You have the right to add a written statement to your records to clarify or correct the information within your chart.
- Right to receive an accounting of disclosures – You have the right to request a list of all disclosures made without your written authorization that were not made for the purposes of treatment, payment or health care operations.
- Right to restrict disclosures to health plan – If you pay in full for services, you can request that information about those visits is not provided to your health insurance plan.

Changes to this notice

We reserve the right to revise this notice when there has been a material change in our privacy practices. We will abide by the terms of the notice currently in effect. The current version of the notice will be posted at Grace Health and on our website at www.gracehealthmi.org. You may contact us to receive a written copy.

Questions or complaints

If you have questions about this notice or Grace Health's privacy practices, please contact our Privacy Officer at (269) 965-8866. If you believe your privacy rights have been violated, you may contact our Privacy Officer. You may also file a written complaint with the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Notice of Privacy Practices

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective: April 14, 2003
Revised: July 1, 2019

Grace Health
181 West Emmett Street
Battle Creek, MI 49037-2963
(269) 965-8866

Albion Office
115 Market Place
Albion, MI 49224
(517) 629-6540

grace HEALTH

Grace Health

Acknowledgment of Receipt of Notice of Privacy Practices

Patient Name _____ Date of Birth _____

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

_____ _____

Electronic Signature of Patient/Parent/Guardian/Representative — Date

For Grace Health Use Only:

The Notice of Privacy Practices was presented to the patient today. The patient or representative declined to sign this Acknowledgment of Receipt of Notice of Privacy Practices upon request.

_____ _____

Electronic Signature of Grace Health Employee — Date

Grace Health

Acknowledgment of Receipt of Notice of Privacy Practices

Patient Name _____ Date of Birth _____

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

_____ _____

Electronic Signature of Patient/Parent/Guardian/Representative — Date

For Grace Health Use Only:

The Notice of Privacy Practices was presented to the patient today. The patient or representative declined to sign this Acknowledgment of Receipt of Notice of Privacy Practices upon request.

_____ _____

Electronic Signature of Grace Health Employee — Date

Grace Health

Medical Care Authorization and Consent for Treatment

Patient Legal Name _____ Date of Birth _____
(PRINT)

Preferred Name _____ Parent/Legal Guardian _____
(PRINT) (PRINT)

I hereby authorize Grace Health to give me reasonable and proper medical/dental care, which may include telemedicine services, by today's standards. I authorize direct payment of insurance benefits to Grace Health, realizing I am responsible for any unpaid balance. I authorize the release of medical information to the Centers for Medicare & Medicaid Services and its agents and to my insurance company for billing purposes and to other health care providers for continued treatment, understanding that this may include records of treatment for drug and/or alcohol dependency or abuse; mental health treatment, including psychotherapy notes; or testing, care, treatment or reporting pertaining to infection with HIV or related diseases.

Authorization for Disclosure of Medical Information:

I authorize Grace Health to disclose written and verbal medical information with the following person(s)as indicated below:

_____ ☐ Verbal ☐ Written

_____ ☐ Verbal ☐ Written

_____ ☐ Verbal ☐ Written

_____ ☐ Verbal ☐ Written

☐ I do not wish to add any additional people for disclosure of my medical information.

Consent for Treatment – Minor or Legal Ward:

I authorize the following adult (18 years or older) person(s) to seek medical care for my child or legal ward (listed as the patient above) when I am unable to do so and understand that by allowing them to seek care for the patient, this includes, but is not limited to obtaining prescriptions, consenting for immunizations, medicines and procedures, and that all medical information, verbal and written, may be revealed and discussed with them:

_____ ☐ Verbal ☐ Written

_____ ☐ Verbal ☐ Written

_____ ☐ Verbal ☐ Written

_____ ☐ Verbal ☐ Written

☐ I do not authorize any non-legal guardian or person(s) to consent for medical treatment for the named patient.

I understand the information being disclosed may include medications, test results and treatment plan, including treatment for mental health, substance dependency or abuse and testing or treatment for HIV or AIDS. Once the information is disclosed, it is not protected under federal privacy rules, so there is a possibility it may be redisclosed by the person receiving the information.

_____ _____

Patient/Legal Representative ❑ Parent ❑ Guardian ❑ _____ (Date)

Grace Health

Adult Demographics

Date _____

Last Name First Middle Initial			Date of Birth	Birth Sex ❑ Male ❑ Female	Social Security Number
Previous Last Names		Preferred Name		E-mail address	
Gender Identity	❑ Male ❑ Female ❑ Transgender Male (F to M) ❑ Transgender Female (M to F) ❑ Other_____ ❑ Choose not to disclose			Current Gender ❑ Male ❑ Female ❑ Unknown ❑ Undifferentiated	
Sexual Orientation	❑ Straight (not Lesbian/Gay) ❑ Lesbian/Gay ❑ Bisexual ❑ Don't know ❑ Other_____ ❑ Choose not to disclose				
Preferred Pronouns	❑ He, Him, His ❑ She, Her, Hers ❑ They, Them, theirs ❑ Ze, Hir ❑ Other_____ ❑ Choose not to disclose ❑ Unknown				
Street Address City State / Zip Code					
Home Telephone Number ( )	Cell Phone Number ( )	Message Telephone Number ( )	Marital Status ❑ S ❑ M ❑ W ❑ D ❑ Sep		
Employer				Work Telephone Number ( )	
Employer's Address					
Spouse's Name				Spouse's Date of Birth	
Local Contact for Emergencies		Relationship to Patient		Emergency Contact Phone ( )	
❑ Patient has legal guardian		Guardian's Name		Guardian's Phone Number ( )	
Guardian's Address					
Race	May Choose More than One. Circle Top Choice. ❑ White ❑ Black / African American ❑ Native Hawaiian ❑ Samoan ❑ Asian ❑ American Indian / Alaska Native ❑ Other Pacific Islander ❑ Other Asian ❑ Chinese ❑ Guamanian or Chamorro ❑ Japanese ❑ Asian Indian ❑ Filipino ❑ Vietnamese ❑ Korean ❑ Choose not to disclose ❑ Other_____				
Ethnicity	May Choose More than One. Circle Top Choice. ❑ Hispanic or Latino ❑ Not Hispanic or Latino ❑ Mexican ❑ Mexican American ❑ Chicano/o ❑ Puerto Rican ❑ Cuban ❑ Spanish ❑ Unreported/Choose not to disclose				
Language	❑ English ❑ Spanish ❑ Burmese ❑ Other_____				
Do you need help finding a place to live? ❑ Yes ❑ No			Are you a military veteran? ❑ Yes ❑ No		

Insurance Information ❑ **No Insurance Coverage**

❑ Medicaid	Medicaid Number			
❑ Medicare	Medicare Number			
❑ Other	Insurance Name	Group Number	Policy Number	
	Subscriber/Employee	Patient is: ❑ Subscriber ❑ Spouse ❑ Dependent	Subscriber's Date of Birth	Subscriber's Social Security Number
❑ Other	Insurance Name	Group Number	Policy Number	
	Subscriber/Employee	Patient is: ❑ Subscriber ❑ Spouse ❑ Dependent	Subscriber's Date of Birth	Subscriber's Social Security Number

(over)

❑ Yes ❑ No	Grace Health offers discounted fees to those who qualify. If you would like information about our Schedule of Discounts Program, please mark "Yes".

Reporting yearly household size and income is a government requirement that will allow Grace Health to continue to receive funding to provide special services for our patients. Please support these programs by providing the following information:

Number of people living in home: _____ *Total household income:* _____ *Choose not to disclose:* _____

Grace Health

Needs Affecting Your Health

Patient Name: _____ Date of Birth: _____ Date: _____

Contact Number: _____

Domain	Question	Yes	No
Healthcare	In the past month, did poor health keep you from doing your usual activities at home?	☐	
	In the past year, was there any time when you needed to see a medical provider but could not due to cost?		
Food	Do you worry about not having enough food?	☐	☐
Employment & Income	Do you need employment or disability resources?	☐	☐
Housing & Shelter	Now, or over the next few months, do you worry you will not have safe housing that you own, rent or share?	☐	☐
Utilities	Are you at risk of having your utilities shut off?	☐	☐
Family Care	Do you need help finding or paying for care for loved ones? For example, child care or day care for an older adult?	☐	☐
Education	Do you need resources for job training, such as finishing a GED, going to college or learning a trade?	☐	☐
Transportation	Do you ever have trouble getting to work or medical appointments because you don't have a way to get there?	☐	☐
General	If you answered yes to any of the above questions, would you like to speak with an Advocate regarding possible resources?	☐	☐

Personal & Environmental Safety	Do you feel physically and emotionally unsafe where you currently live?	☐	☐
	In the past year, have you been afraid of your partner or ex-partner?	☐	☐

If your needs should change, you can request to speak with our Resource Specialists. We are available to assist patients in the office or by phone.

Grace Health

Patient History

Name _____ Date _____ Birthdate _____

Name of Person Completing this Form: _____

I am a ☐ Male ❑ Female
I see myself as a ❑ Male ❑ Female

Do you have an Advance Directive? ☐ Yes ☐ No ☐ Don't Know ☐ Want Information

Past Medical History: *(please check all that apply)*

Childhood Diseases: ☐ asthma ☐ chicken pox ☐ measles ☐ meningitis ☐ mumps ☐ rheumatic fever

Adult Illnesses: ☐ asthma ☐ bipolar disorder ☐ bronchitis ☐ cancer ☐ depression/anxiety
☐ diabetes ☐ eczema ☐ emphysema ☐ glaucoma ☐ heart attack/failure
☐ hepatitis ☐ high blood pressure ☐ high cholesterol ☐ HIV ☐ schizophrenia
☐ seizure ☐ stroke ☐ TB ☐ thyroid disease ☐ ulcer

Other _____

Operations

Type	When	Where
_____	_____	_____
_____	_____	_____

Hospitalizations: *(other than the above operations)*

Type	When	Where
_____	_____	_____
_____	_____	_____

Current Medications/Over-the-Counter/Vitamins/Herbs: *(if you don't know the name, please indicate why you take them)*

_____

_____

Allergies

Medications _____

Other (food, latex, environmental) _____

Health Maintenance Screening

Last Tetanus shot _____ Last Flu shot _____ Last Pneumonia shot _____

Last Mammogram _____ Colonoscopy/sigmoidoscopy _____ Stool test for blood _____

Last Cholesterol test _____ Exercise: How often _____ Type _____

Number of meals eaten per day _____ Number of dairy servings per day _____

Recent weight gain/loss _____

Do you need help with: ☐ dressing ☐ hygiene ☐ eating ☐ chores ☐ walking ☐ other_____?

Family History

Father: ☐ Living – age _____, health problems _____
☐ Deceased – age _____ and cause of death _____

Mother: ☐ Living – age _____, health problems _____
☐ Deceased – age _____ and cause of death _____

Brothers or Sisters: ☐ Living – age(s) _____, health problems _____
☐ Deceased – age(s) _____ and cause of death _____

General Family History: *(check and write which family member in relationship to you)*

- ☐ Diabetes _____
- ☐ Stroke _____
- ☐ High Blood Pressure _____
- ☐ High Cholesterol _____
- ☐ Heart Disease _____
- ☐ Cancer _____
- ☐ Mental Illness _____

Current Problems: *(please check all that apply)*

Skin: ☐ hives ☐ rashes

Head: ☐ fainting ☐ severe headaches

Eye/Ear: ☐ pain ☐ difficulty seeing/hearing

Dental, lip or throat: ☐ dentures ☐ difficulty swallowing

Heart: ☐ racing ☐ heart murmur ☐ severe chest pains

Lung: ☐ chronic cough ☐ difficulty breathing ☐ cough up phlegm/blood ☐ abnormal chest x-ray

Breast: ☐ lumps ☐ pain ☐ discharge

Gastro-intestinal: ☐ nausea ☐ constipation ☐ stomach pains/bloating ☐ vomited blood
☐ rectal bleeding ☐ loose/black stools

Urinary: ☐ bloody urine ☐ penis discharge ☐ problem with erection
☐ frequent/burning with urination ☐ difficulty starting/leaking urine

Blood: ☐ clotting ☐ abnormal bleeding

Muscle, Bone, Joint: ☐ pain ☐ swelling

Mental Health: ☐ nervousness ☐ problem sleeping ☐ hearing voices ☐ seeing things
☐ sadness ☐ thoughts of hurting myself or someone else ☐ drug or alcohol abuse

Other _____

Sexual: Are you in a sexual relationship? ☐ Yes ☐ No Partner: ☐ Male ☐ Female

How long with current partner(s)?_____

How many sex partners have you had in your life? _____

Bleeding/Pain after sexual relations? ☐ Yes ☐ No

Are you satisfied with your sex life? ☐ Yes ☐ No

Female Only

First day of last period _____ Cramping before or with period _____

Days between periods _____ Length of periods _____

Pass clots with period? ☐ Yes ☐ No Last pelvic exam/Pap smear _____

Method of birth control _____ How long on birth control _____

Itching in vaginal area? ☐ Yes ☐ No Unpleasant odor? ☐ Yes ☐ No

Any abnormal Pap smear results? ☐ Yes ☐ No

Number of: Pregnancies _____ Births _____ Miscarriages _____ Abortions _____

Do you do a self-breast exam monthly? ☐ Yes ☐ No

Male Only

Do you do a self-testicular exam monthly? ☐ Yes ☐ No

If over 40 years of age, have you had a prostate test or exam done? ☐ Yes ☐ No

Social History ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Single

Occupation _____

Who do you live with? _____

Do you feel safe in your home? ☐ Yes ☐ No Are you afraid of anyone? _____

Is there a gun in your home? ☐ Yes ☐ No If so, is the gun locked when not in use? ☐ Yes ☐ No

Has anyone ever threatened/hit/pushed/abused you? _____

Have you ever been forced to have sex/do something sexual you didn't want to do? ☐ Yes ☐ No

Smoke - ☐ Yes ☐ No How much _____ How long _____

Drink - ☐ Yes ☐ No How much _____ How long _____

Marijuana/cocaine/other - Yes ☐ No ☐ How often _____ How long _____

Not feeling well?
Have questions about your health?

Call Us First!
269-965-8866

Call and ask to speak with a nurse,
24-hours a day, 7 days a week.

Our nurses are here to help you decide on next steps by:

- *Listening to your concerns*
- *Collecting information to better support you*
- *Providing you with clinical advice*
- *Assisting you in scheduling an appointment if needed.*

To better accommodate your needs, we now have multiple open appointments at the start of the day.

*Our scheduling team is available to take your call beginning at **7:30 am.***

grace HEALTH

grace HEALTH

No Show Policy Change

Beginning January 1, 2023, established patients who **no-show** for their scheduled appointment **2 times within 12 months** will not be able to schedule appointments in advance.

Questions??

Talk with one of our staff members

Unable to keep your appointment?

Call: 269-965-8866

PARTNERING WITH YOU IN YOUR CARE

Choosing your Grace Health Primary Care Provider (PCP) and regularly visiting your PCP will improve your health and wellness. It is important that you choose your PCP and let us know who that is (if you haven't already) so we can update our records and tell your insurance, if needed.

Your Grace Health PCP will help to manage all your health care. At Grace Health, you have many health services available to you:

- Preventive care (such as cancer and lead screenings)
- Chronic care (for diseases like asthma, high blood pressure, and diabetes)
- Acute care (for symptoms like sore throat, cough, stomach pain, or high fever) so you don't have to go to the emergency room or Urgent care
- Obstetrics and gynecology (OB/GYN) with physicians and Certified Nurse Midwives
- Specialty services like optometry, podiatry, and physical therapy
- Behavioral health services
- Laboratory services

At Grace Health, patient care is given in a team-based setting. Your PCP works with other providers and medical staff who also know your medical history. Each team makes up a "Neighborhood" and we want you to be seen in your Grace Health Neighborhood whenever you need healthcare. Your Neighborhood team will follow your health and suggest changes to improve well-being. Your PCP and care team will regularly screen for health problems that could go unnoticed, preventing serious health concerns later.

We want to work with you in your care.

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We want to work with you in your care.

Your role is to:

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- Make appointments with your PCP and be on time. Stay focused during your appointment.
- Share information about all medications and treatments received elsewhere, as well as bad reactions/events you may have had.
- Work with your PCP to identify and monitor treatment and self-care goals.
- Help make decisions about your care.
- Know that you are a partner in your care.
- Join in activities to reduce health risks.
- Ask questions until you understand!
- Tell us if we are not meeting your needs.

As your PCP/Neighborhood, our role is to:

- Treat you as a partner in your care.
- Be available and timely with our care and information to you.
- Get to know you as a person and patient, your preferences and remember these details when you seek care.
- Suggest care, treatments and goals that make sense for you.
- Answer your questions in a way that you understand and help you understand all your options.
- Connect you to resources that help you achieve better health.
- Communicate your plan of care with your healthcare team.
- Get your feedback about how we are doing in meeting your healthcare needs.

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