

## The Patient Health Questionnaire-2 (PHQ-2)

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

**Patients: if You answer "Not at all" (zero) for both, stop here . If any other answer, please fill out below:**

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

**Total Score: 1-4 Minimal depression; 5-9 Mild depression; 10-14 Moderate depression; 15-19 Moderately severe depression; 20-27 Severe depression**

# James A. Heinsimer, M.D.

## Specializing in Cardiovascular Diseases and Internal Medicine

3535 W 13 Mile Road- Suite 504  
Royal Oak, MI 48073

4000 Highland Rd, Ste 100  
Waterford, MI 48328  
248-551-0066

### PCMH-N

### PATIENT PROVIDER PARTNERSHIP

For Specialist Care

At Dr. Heinsimer's office, our goal is to provide you with the highest standard of specialty care. If you have a Primary Care Provider (PCP) other than Dr. Heinsimer, your care will be coordinated with your Primary Care Physician who acts as your Patient Centered Medical Home (PCMH), as we are part of the Patient Centered Medical Home Neighborhood. Below are some guidelines to our patient and provider commitment.

#### Physician Commitment

I as your physician am committed to providing the highest quality of patient care. I am committed to ensuring your rights as a patient, including your right:

- To be treated with respect and dignity.
- To schedule your appointments as soon as possible.
- To have open and honest discussions with you regarding your health and plans for managing your care.
- To explain diseases, treatments and results in an easy to understand way.
- To be available to you by phone and in the office to answer questions and concerns.
- Communicate with your PCP and other physicians regarding your care.

#### Patient Commitment

We ask that you make every effort to commit to:

- To keep and arrive on time to all scheduled appointments. Cancel or reschedule appointments in advance whenever possible.
- Follow through with recommended testing.
- Be honest about your history, symptoms and other important information about your health.
- Take your medication as directed and follow your doctor's advice.
- Follow up with your Primary Care Physician or me (if I am your PCP) for your overall healthcare needs.

#### Signature

I have read and understand this agreement. I understand that this partnership agreement needs to be refreshed ever 2 years.

\_\_\_\_\_  
Name of Patient (Print)

\_\_\_\_\_  
James Heinsimer MD  
James Heinsimer MD (Print)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Fall risk Assessment for patients over 65**  
**(please check appropriate boxes)**

	Yes	No
History of falling in the last 3 months ?		
History of falling in last in the period 3 month-1 year?		
Do you need assistance with walking?		
Do you need help getting out of a chair or bed?		
Do you have episodes of confusion?		
Has your mental status changed in last 1 year?		
Any foot problems causing unsteadiness?		
Have you had significant visual changes in last year?		
Are you on meds for sedation at bedtime or during the day?		
Are you incontinent of urine or stool?		
Have you frequently felt like passing out while standing up?		
Are you depressed or anxious ?		
Are you dizzy or unsteady while walking around?		