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Complete Family Care

Name: _____ DOB: _____

Complete Family Care has recently switched to a new Electronic Medical Records (EMR) system and is now required to collect key patient demographics in order for our office to meet meaningful use requirements set in place by our federal government. The collection of this data will not in ANY way affect your care at our office and as always personal information (names, addresses, etc.) will NOT be released without your written consent. Please take the time to fill this form out to the best of your ability.

Marital Status:

- Annulled
- Divorced
- Domestic Partner
- Legally Separated
- Married
- Never Married
- Single
- Widow(er)

Language:

- English
- French
- German
- Japanese
- Mandarin
- Russian
- Spanish

Race:

- American Indian/Alaska Native
- Asian
- Black or African American
- Hawaiian/Other Pacific Islander
- Not Provided
- White or Caucasian

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Not Provided

Dominant Hand:

- Right
- Left
- Ambidextrous