GILMAN FAMILY PRACTICE, PS

Medical History for patients 30 yrs. of age or older

TODAY'S DATE _____

PATIENT NAME_____PATIENT DOB_____

As your healthcare provider, we would like the following medical information. We need your help, so we know who to contact to get the medical records.

Who was your previous PCP/Family Physician?

Name: _____

(If the physician is not located in Spokane/Spokane Valley, please include City and State)

What year was your last office visit? _____

If you have never seen another Primary Care Provider, please check this box. ☐

Colorectal Cancer Screening – Colonoscopy

What year did you have your most recent colonoscopy? _____

Where did you have the Colonoscopy procedure done? _____

(If the facility is not located in Spokane/Spokane Valley, please include City and State)

If you have never had a Colonoscopy, please check this box. ☐

Adult Immunizations – Pneumovax, Prevnar 13, Shingrix or Zostavax, Tdap, Influenza etc

Who should we contact to request your immunization records? _____

If you have never had any adult vaccines, please check this box. ☐

Breast Cancer Screening - Mammogram

What year did you have your most recent Mammogram? _____

Where did you have you most recent Mammogram? _____

If you have never had a Mammogram, please check this box. ☐

Please list the names of the specialist(s) who manage your healthcare – Endocrinologist, Cardiologist, Neurologist, Pain Specialists, etc.

If you do never seen a specialist, please check this box. ☐

Thank you for taking the time to complete this information.