

***For Female Patients ***

Today's Date _____

Patient Name _____ Date of Birth _____

It is important to help your doctor and staff be aware of health care services you receive from other facilities. We will use the information you provide below to help ensure you get the right preventive services at the right time, for your better health.

Please indicate the date or approximate date and the location (clinic, lab, etc) you had any of the below services.

- Mammogram _____(date) or ___never Location _____
- Flu Shot _____(date) or ___never Location _____
- Pneumonia Shot _____(date) or ___never Location _____
- Colonoscopy _____(date) or ___never Location _____
- Bone density scan _____(date) or ___never Location _____
- Pap Smear _____(date) or ___never Location _____
- Pelvic Exam _____(date) or ___never Location _____



For Male Patients

Today's Date _____

Patient Name _____ Date of Birth _____

It is important to help your doctor and staff be aware of health care services you receive from other facilities. We will use the information you provide below to help ensure you get the right preventive services at the right time, for your better health.

Please indicate the date or approximate date and the location (clinic, lab, etc.) you had any of the below services.

- Prostate Specific Antigen (PSA) level _____(date) or ___never
Location _____
- Flu Shot _____(date) or ___never Location _____
- Pneumonia Shot _____(date) or ___never Location _____
- Colonoscopy _____(date) or ___never Location _____
- Bone Density Scan _____(date) or ___never Location _____
- Rectal Exam _____(date) or ___never Location _____

