GRAVES GILBERT CLINIC
Family Care Center

New Patient Information – Family Medicine ONLY

Patient Name: _____

Patient DOB: _____

MALE

1. Have you ever had a COLONOSCOPY? ( ) NO ( ) YES If, yes, date of most recent: _____
   A. Location of most recent: _____
   B. RESULTS: ( ) NORMAL ( ) ABNORMAL

FEMALE

1. Have you ever had a COLONOSCOPY? ( ) NO ( ) YES If, yes, date of most recent: _____
   A. Location of most recent: _____
   B. RESULTS: ( ) NORMAL ( ) ABNORMAL

2. Have you ever had a PAP SMEAR? ( ) NO ( ) YES If, yes, date of most recent: _____
   A. Location of most recent: _____
   B. RESULTS: ( ) NORMAL ( ) ABNORMAL

3. Have you ever had a MAMMOGRAM? ( ) NO ( ) YES If, yes, date of most recent: _____
   A. Location of most recent: _____
   B. RESULTS: ( ) NORMAL ( ) ABNORMAL

4. Have you ever had a DEXA /BONE DENSITY TEST? ( ) NO ( ) YES If, yes, date of most recent: _____
   A. Location of most recent: _____

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