

Christina Harrington
Health Officer

Duane Heilbronn Jr., M.D.
Medical Director

**Personal Health Center
Provider Form
Fax (989) 758-3787**

If you have received a physical exam from a physician's office in the past 12 months, your exam will not need to be repeated. The physician's office needs to complete this form. It can be faxed to our clinic or you may bring it with you to your Personal Health Center appointment (appointment required). Please call (989) 758-3870.

NAME:	DOB:	Annual Exam Date:
HEIGHT:	WEIGHT:	BP:
BREAST:		
HEART:		
LUNGS:		
PELVIC:		
CHLAMYDIA RESULTS:	DATE OF TEST:	
GC RESULTS:	DATE OF TEST:	
LATEST PAP RESULTS (Please fax a copy):		
HX of ABN PAP? (Include date and result):		
DATE OF LAST DEPO-PROVERA SHOT:		
PROVIDER'S SIGNATURE AND TITLE:		
CLINIC PROVIDER ADDRESS:		
COMPLETE BIRTH CONTROL ORDER:		

Available Contraceptive Methods:

Oral: Portia Tri Sprintec Sprintec Micronor
Other: Nuva Ring Transdermal Patch ParaGard IUD Liletta IUD Nexplanon
Injection: Depo-Provera

***Services may be delayed if information is not complete.**