



10670 NE Cornell Rd, Ste 201 and 300
Hillsboro, OR 97124
t: 503.216.9300
f: 503.216.9339
www.providence.org/oregon

Welcome to Providence Medical Group Tanasbourne Family Medicine and Sports Medicine.

Thank you for choosing us for your medical care. To better serve you and to help you become familiar with our clinics, we are providing you with this information packet which includes registration materials.

At Providence Medical Group Tanasbourne Family Medicine and Sports Medicine clinic, we are a Patient Centered Medical Home. Our clinic has four medical home teams comprised of Physicians, Physician Assistants, Nurses, Clinical Care Coordinators, Medical Assistants and Patient Relations Representatives. Our clinic teams also include a Case Manager, a Clinical Pharmacist, a Psychologist and a Diabetes Educator.

Our Clinic Teams and Phone Tree Options

Phone: (503) 216-9300

Team Redwood-Suite 300

Sreedevi Pitta, MD
Sherry Taeidi, DO
Heather Davidson, PA-C

Phone option 1

Team Juniper-Suite 300

Jason Baker, MD
Michelle Hall, MD
Laura Hartlieb, PA-C

Phone option 2

Team Aspen-Suite 300

Hyrum Durtschi, DO
Hina Khan, MD
Lynn Vanthom, PA-C

Phone option 3

Team Spruce-Suite 201

Traci Ackron, DO
Darius Graeff, DO
Jennifer Mings, PA-C

Phone option 4

Family Medicine and Sports Medicine

Our Family Medicine providers are part of an integrated network of caregivers and specialists which makes it possible to care for patients of all ages from birth to end of life.

If there is one thing that sports and medicine share, it's the desire to get you better. Whether you are starting out in sports, competing at a high level or committed to remaining active, our Sports Medicine providers are here to help you. Some of the services provided through our Sports Medicine clinic include: sports physicals, concussion treatment, ultrasound evaluations, injections for pain and inflammation, sports injury treatment, non-operative fracture management and osteopathic manipulation.

Hours of Operation and After-Hours Service

Our office is open from 7:00am-5:00pm, with phones on from 7:30am-5:00pm Monday through Friday. Providence Medical Group Tanasbourne has physicians on call for after-hours urgent or emergent needs that cannot wait until clinic hours to be addressed. To contact the on-call physician please call our office at 503-216-9300. You will be directed to the after-hours RN advice service. They will triage your concern and, if needed, contact the physician on call.

Please contact your pharmacy directly for any refills and your pharmacy will contact us if necessary. Please allow 72 hours to process a refill request.

Lab Service

Providence has an outpatient lab service center on the first floor of our building. The lab hours are currently Monday through Friday 7:30am to 3:30pm. They are currently closed on Saturday and Sunday. Please contact lab service at 503-215-6660 if you have any questions about their hours of operation.

Pharmacy

Credena Health Pharmacy is located on the first floor. The pharmacy is open Monday through Saturday from 8:00am to 6:00pm. They are closed on Sunday.

Phone number: 503-216-9020

Immediate Care Clinic

The Immediate Care Clinic is open daily from 7:00am to 6:45pm.

They are closed on Thanksgiving and Christmas. Hours may vary on other holidays.

They are located on the first floor. Walk-in appointments welcome. Lab and x-ray on-site.

Pediatrician on staff. Phone number: 503-216-9360

Feedback and Concerns

Please contact the clinic directly if you have feedback or concerns. Our team is here to help you. Clinic phone number: 503-216-9300

Directions to clinic

West on Highway 26: Take exit 64 from US-26 W. Turn left onto NW 185th Ave. Follow NW 185th Ave using the middle lane to continue through the intersection of NW Cornell Rd. Turn right onto NE Eider Ct. Parking is available in any of the three lots around the building. We are in building B. 10670 NE Cornell Rd. Suite 201 or 300.

East on Highway 26: Take exit 64 from US-26 E. Turn right onto NW 185th Ave. Follow NW 185th Ave using the middle lane to continue through the intersection of NW Cornell Rd. Turn right onto NE Eider Ct. Parking is available in any of the three lots around the building. We are in building B. 10670 NE Cornell Rd. Suite 201 or 300.

Important to note: The city of Hillsboro changed our address in 2019. Please make sure your navigation directions end at the main intersection of NW Cornell Rd. and NW 185th Ave. Bus stop: There is a TriMet bus stop located on the corner of Cornell Rd. and 185th Ave. Bus lines 48 and 52 stop at this location.

Video Interpreter Device available

We offer a service using remote video interpretation and over-the-phone interpretation for patients and providers in many languages.

New Patient Forms

Please take a few moments to complete attached health history form. If you are unable to print the form at home, we will have copies available at the clinic. Please arrive 10-15 minutes early to complete the paperwork.

Thanks again for choosing Providence Medical Group Tanasbourne. We look forward to meeting you soon.

Sincerely,

Your Providence Medical Group Tanasbourne Team

Name:	Date of Birth:	Today's Date:	Preferred Name & Pronoun (if different):
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Welcome to Providence Medical Group Tanasbourne

What is the **most important** issue for us to address at today's visit?

If we have time today or at a future visit, what other concerns do you have?

- 1) _____
 2) _____

Do you need any **medication refills, referrals, forms completed, or a letter for work**, today?

- No**
 Yes , *If you selected yes, please speak to the Medical Assistant and Provider about these needs during your appt.*

Current Medications and Drug Allergies:

Our medical assistant will review this with you. Be sure to bring up all prescriptions and over-the-counter medications you may be taking.

Surgical History:

Have you had any of these surgeries or procedures?

- | | | |
|---|--|--|
| <input type="checkbox"/> Appendectomy | <input type="checkbox"/> C-Section | <input type="checkbox"/> Small Intestine Surgery |
| <input type="checkbox"/> Brain Surgery | <input type="checkbox"/> Eye Surgery | <input type="checkbox"/> Spine Surgery |
| <input type="checkbox"/> Breast Surgery | <input type="checkbox"/> Fracture Surgery | <input type="checkbox"/> Tonsillectomy |
| <input type="checkbox"/> Colon Surgery | <input type="checkbox"/> Hernia Repair | <input type="checkbox"/> Tubal Ligation |
| <input type="checkbox"/> Coronary Bypass (CABG)/or Heart Stents | <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Valve Replacement |
| <input type="checkbox"/> Gall Bladder Removal | <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> Vasectomy |
| <input type="checkbox"/> Cosmetic Surgery | <input type="checkbox"/> Prostatectomy | <input type="checkbox"/> Other _____ |

Sexual History:

My Gender

- Female
 Male
 Transgender Female/ M2F
 Transgender Male/ F2M
 Non-binary
 Other
 Choose not to disclose

My Sex Assigned at Birth

- Female
 Male
 Other
 Choose not to disclose

Are you sexually active? Yes Formerly Never

If ever sexually active, have your sexual partners been: Male Female Both Other

Patient and Family Medical History:

Have you (the patient) or a biologic family member ever had any of the following conditions? (*Check appropriate box*)

	Patient	Family Member	Relationship to You
Abnormal Pap Smear	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol/Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bleeding Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood Transfusion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breast Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
COPD/Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hay fever (allergies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Problem (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	_____
HIV	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental Health Problem (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Osteoporosis (brittle bones)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pregnancy related problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sexually Transmitted Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleep Apnea	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stroke/TIA	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	_____