



PrimeCare Direct

Dr. Pham & Dr. Alwani

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(318) 562-3868 | primecaredirect.com

NEW PATIENT REGISTRATION

PATIENT INFORMATION

Last Name: _____

First Name: _____

MI: _____

Date of Birth: ____/____/____

SSN (last 4): XXX-XX-____

Gender: M F Other

Address: _____

City: _____

State/Zip: _____

Home Phone: (____) ____-____

Cell Phone: (____) ____-____

Work Phone: (____) _____

Email: _____

Preferred Contact: Phone Text Email

Marital Status: Single Married Divorced Widowed

Ethnicity: _____

Employer: _____

Occupation: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: (____) ____-____

Cell: (____) ____-____

INSURANCE INFORMATION

Care Type: Insurance Patient Concierge Member (\$180/mo) Single Visit (\$150)

Primary Insurance: _____

Policy/Group #: _____

Subscriber Name: _____

Subscriber DOB: ____/____/____

Secondary Insurance: _____

Policy/Group #: _____

REFERRAL & ADDITIONAL INFO

How did you hear about us? Google Friend/Family Insurance Directory Social Media Other: _____

Primary Care Physician (if other): _____ Phone: (____) ____-____

I certify that the above information is true and accurate to the best of my knowledge.

Patient/Guardian Signature: _____

Date: ____/____/____

