



PrimeCare Direct

Dr. Pham & Dr. Alwani

955 Pierremont Rd #400, Shreveport, LA 71106

(318) 562-3868 | primecaredirect.com

MEDICAL HISTORY

Patient Name: _____ DOB: ____/____/____ Date: ____/____/____

REASON FOR VISIT TODAY

PAST MEDICAL HISTORY — Check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes Type 1 | <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Asthma/COPD | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Cancer (type: _____) | <input type="checkbox"/> Stroke/TIA | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> GERD/Ulcer | <input type="checkbox"/> Anemia | <input type="checkbox"/> Sleep Apnea | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Autoimmune Disease | <input type="checkbox"/> Seizures |

Other: _____

SURGICAL HISTORY

Procedure: _____ Year: _____ Hospital: _____

Procedure: _____ Year: _____ Hospital: _____

Procedure: _____ Year: _____ Hospital: _____

CURRENT MEDICATIONS

(Please list all prescription medications, over-the-counter medications, vitamins, and supplements)

Medication Name	Dose	Frequency	Prescribing Doctor

ALLERGIES

No Known Drug Allergies (NKDA)

Allergen	Type (Drug/Food/Environmental)	Reaction

FAMILY HISTORY

Heart Disease Diabetes Cancer Stroke Mental Illness
 Hypertension Kidney Disease Thyroid Disease Osteoporosis Other: _____

SOCIAL HISTORY

Smoking: Never Former Current Packs/day: ____ Quit
 year: ____ Alcohol: None Social Daily Drinks/week: ____
 Exercise: None 1-2x/wk 3-4x/wk Daily Illicit Drugs: Never Former Current Type: _____

Patient/Guardian Signature: _____ **Date:** ____/____/____