



We Care Medical Group, PC
826 Bustleton Pike, Unit 101A,
Feasterville, PA 19053
Tel: (215) 631-3873
Fax: (215) 631-3899

NAME

AGE

ADDRESS

HOME PHONE

EMAIL ADDRESS

WORK PHONE

BIRTH DATE

CELL PHONE

SEX

PREFERRED PHONE TO CONTACT YOU

MARITAL STATUS

LANGUAGE PREFERENCE

EMPLOYER

SOCIAL SECURITY NUMBER

RACE

EMERGENCY CONTACT NAME AND PHONE

CAN WE RELEASE YOUR MEDICAL INFORMATION TO SOMEONE ELSE?

IF YES PLEASE PROVIDE NAME OF THE PERSON, RELATIONSHIP AND PHONE NUMBER

CAN WE LEAVE A MESSAGE ON YOUR MACHINE?

YOUR PHARMACY NAME

YOUR PHARMACY PHONE NUMBER

DO YOU HAVE AN ADVANCED DIRECTIVE OR LIVING WILL?

PLEASE, LIST YOUR PAST / CURRENT MEDICAL PROBLEMS

PREVIOUS HOSPITALIZATIONS AND SURGERIES

ALLERGIES

PLEASE, LIST YOUR CURRENT MEDICATIONS WITH DOSES AND FREQUENCY

PLEASE, LIST ANY MEDICAL PROBLEMS IN FAMILY MEMBERS WITH AGE OF ONSET

SMOKING HISTORY?

DO YOU DRINK ALCOHOL? IF YES, HOW OFTEN?

DO YOU EXERCISE? HOW FREQUENT?

HISTORY OF ANY DRUGS USE?

YOUR OCCUPATION

WHO DO YOU LIVE WITH?

FEMALE PATIENTS:

LAST MENSTRUAL PERIOD?

HOW MANY PREGNANCIES DID YOU HAVE ?

HOW MANY CHILDREN DO YOU HAVE ?

INSURANCE HOLDER INFORMATION

NAME

RELATIONSHIP TO PATIENT

SOCIAL SECURITY

ADDRESS

PHONE

PRIMARY INSURANCE

POLICY#

GROUP#

SECONDARY INSURANCE