WE CARE
URGENT CARE +
FATTAH PRIMARY CARE

20212 Champion Forest Dr Suite 100, Spring, TX 77379
Tel: (346) 478-6611 Fax: 832.615.5595

FAMILY PASS MEDICAL HISTORY

Patient Name: **DOB:**

Preferred Pharmacy: (Phone and Location)

Allergies: ☐ No known Allergies ☐ I am allergic to:

(Females) Are you pregnant? ☐ No ☐ Yes _____weeks/months
Date of last menstrual cycle: _____

Current Medications: Please list all prescriptions, non-prescriptions, vitamins, supplements dosages and how often

Current and Past Medical History:

☐ Headaches ☐ High Blood Pressure ☐ Arthritis ☐ Bone/Joint Disease ☐ Prostate Disease ☐ Gastritis/Ulcer

☐ Depression/Anxiety ☐ Diabetes ☐ Asthma/COPD ☐ Chest Pain ☐ Heart Disease ☐ Hepatitis

☐ Gout ☐ HIV. ☐ Cancer(Type) _____

☐ Other: _____

Family History: (Check all that apply)

☐ Heart Disease ☐ Stroke ☐ Arthritis ☐ Osteoporosis ☐ Alzheimer's ☐ Gout ☐ Mental Illness

☐ Cancer(Type): _____

☐ Other:_____

Have you had surgery in the past? ☐ No ☐ Yes If yes, Type/Date:

Do you smoke/chew tobacco? ☐ No ☐ Yes _____Cigarettes _____Packs/Day _____Cigars _____Per Day

Do you use drugs? ☐ No ☐Yes (if yes, how often & what)

Do you drink alcoholic beverages? ☐ No ☐ Yes ☐ Beer ☐ Wine ☐ Liquor If Yes, how often? ☐ Socially ☐ Rarely ☐ Daily

Consent of Care:

I give permission to We Care Urgent Care Plus, its physicians, affiliates, and medical personnel to provide medical services, including but not limited to x-rays, laboratory, administration of medications, anesthetics and any treatment recommended by the provider to me/child. I authorize We Care Urgent Care Plus to disclose my current and previous medical records, consultation and treatment plans, to my referring physician, other healthcare providers, and hospitals that will participate in my care. I understand that by signing this form I am seeking medical care until I withdraw consent to We Care Urgent Care Plus privacyofficer in writing. **I understand that certain exclusions may apply. Specialty labs, COVID-19 testing, MRI, Ultrasounds are not included.*

Signature **Date**