# Customer Health Information

Please complete this form regarding your current health status.

☐ New Patient ☐ Updated Information Date: _____

Name: _____

Parent or Guardian if patient is 12 years of age or younger: _____

Street Address/P.O. Box # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Date of Birth: _____ Sex: (Circle) M F

E-Mail Address: _____

By providing your email address, you agree to receive email correspondence from our Pharmacy.

Do you have prescription insurance or Medicaid? □ Yes □ No (If **yes**, please present insurance card{s})

Do you prefer easy open caps? □ Yes □ No

Drug Allergies and Reactions* (check appropriate boxes)

- ❑ No known Allergies/Reactions
- ❑ Aspirin
- ❑ Cephalosporins*
- ❑ Codeine*
- ❑ Erythromycin
- ❑ Quinolone
- ❑ Penicillin*
- ❑ Sulfa Drugs*
- ❑ Non-Steroidal Anti-Inflammatory
- ❑ Tetracyclines
- ❑ Other Drug Allergies _____ _____
- ❑ * Brief Description of Reaction: _____

Health Conditions (check appropriate boxes)

- ❑ Arthritis
- ❑ Asthma COPD
- ❑ Cardiovascular Disease
- ❑ Depression
- ❑ Diabetes
- ❑ GERD
- ❑ Heart Failure
- ❑ Hyperlipidemia
- ❑ Hypertension
- ❑ Mental Health
- ❑ Migraine Headaches
- ❑ Thyroid Disease
- ❑ Osteoporosis
- ❑ Currently Pregnant Due Date: _____
- ❑ Currently Breast Feeding
- ❑ Other _____
- ❑ Other _____

Please list all **prescription** medications you are currently taking:

_____

Please list any **non-prescription** medications you are currently taking:

_____

Would you like for us to **transfer** all of your current prescriptions? If yes, please provide the pharmacy name and location.

_____

Do you want to be notified when your prescriptions are ready? □ Yes □ No If yes, please provide contact information.

❑ Text Cell Number: _____ Carrier: _____

❑ Email Contact Email Address: _____

Why did you choose our pharmacy?

□ Friend Referral □ Physician Referral □ Location □ Promotion □ Website/Facebook

**This information will be kept confidential.**

Signature: _____ Date: _____

*Revised January 2015*