

# Employee Pharmacy Greenville, NC



**We can notify you that you have prescriptions ready.**

**Preferred method:** (Greenville pickups)

Text (include cell # below)

Email

Automated Phone call

Phone: (252) 847-4311

Fax: (252) 847-1344

## New Patient Information Form

Our department strives to provide optimal pharmaceutical care for our patients which includes review of your drug profile to detect potential interactions or other drug problems, medication education, and advice concerning non-prescription products.

To help us provide these services, please complete the following information about yourself and your current medical conditions and allergies. Please use a separate form for each qualified dependent. Thank you.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F

Employee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employee #: \_\_\_\_\_ Allegiance Insurance #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email: \_\_\_\_\_ **Work at which Hospital?** \_\_\_\_\_

### Medical Conditions (circle):

Hypertension    Diabetes    Hypothyroid    Pregnant    Glaucoma    Asthma

Renal Disorder    Epilepsy    Heart Disease    Prostate Disorder    Liver Disorder

Other: \_\_\_\_\_

### Allergies (circle): Please note if reaction was a rash, hives, anaphylaxis or unwanted side effect.

None    Penicillin    Sulfa    Aspirin    Codeine    Erythromycin    Cephalosporins    Morphine    Demerol  
Iodine

Reaction: \_\_\_\_\_

Other (and reaction): \_\_\_\_\_

**Prescriptions may only be phoned in or faxed in by prescribers and their offices.**