Employee Owned
Thrifty White PHARMACY
Specialty Services

Patient Profile Fields marked with an * are required.

First Name*: _____ Last Name*: _____

Date of Birth*: _____ Gender*: ❒ Male ❒ Female

Phone*: _____ Alternate Phone*: _____

Best time to call*: Select all that apply. Time of Day: ❒ Morning ❒ Afternoon ❒ Evening

Weekday: ❒ Monday ❒ Tuesday ❒ Wednesday ❒ Thursday ❒ Friday

Email: _____

Street Address*: _____

City*: _____ State*: _____ Zip*: _____

Medical Information

Diagnosis*: _____

Other Health Conditions*: _____

_____

_____

Known Medication Allergies*: _____

❒ No Known Medication Allergies

Medication 1	Medication 2	Medication 3
Drug: _____	Drug: _____	Drug: _____
Classification: _____	Classification: _____	Classification: _____
For Treating: _____	For Treating: _____	For Treating: _____
Dosage Frequency: _____	Dosage Frequency: _____	Dosage Frequency: _____
Dosage Strength: _____	Dosage Strength: _____	Dosage Strength: _____
Date Began Taking: _____	Date Began Taking: _____	Date Began Taking: _____

☐ Check this box if you take more medications than listed above. A Care Partner will discuss these with you during your initial consultation.

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Insurance Information Please provide medical and prescription insurance information.

Name of Primary Health Insurance*: _____

Primary Health Insurance Phone Number*: _____

Policy #*: _____ Group Number*: _____

Employer: _____

Name of Prescription Coverage Insurance*: _____

Phone*: _____

Rx Group #*: _____ Rx Bin #*: _____

Patient ID #: _____ Rx PCN #: _____

Help Desk: _____ Last 4 Digits of Social Security Number: _____

Physician Information

First Name*: _____ Last Name*: _____

Phone*: _____ Email: _____

Street Address: _____

City*: _____ State*: _____ Zip*: _____

_____ _____

Patient Signature *Date*

*By signing here, I am acknowledging that I understand that the information entered above may constitute protected health information, and that by submitting this information I am consenting to allow Thrifty White Pharmacy to use the information to facilitate my treatment and care in accordance with Thrifty White Pharmacy's *Notice of Privacy Practices*, including, but not limited to, verifying prescription drug coverage, contacting the patient to confirm enrollment information and obtaining prescription and other relevant health information from the physician.