

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

- **Circle One:**      Male      Female      **Date of Birth:** \_\_\_\_\_
- **Social Sec. #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- **Email:** \_\_\_\_\_
- **Address:** \_\_\_\_\_ Apt./ Unit #: \_\_\_\_\_
- **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_
- **Circle One:**      White      Black / African American      Asian      Hispanic  
                          American Indian      Pacific Islander      Other: \_\_\_\_\_
- **Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**What is the main purpose of your visit** \_\_\_\_\_

- **If you would like others to be able to talk with us, please ask for and sign a HIPAA Release.**

**If records are needed from previous provider(s), please list the provider and facility**

Provider: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

- We are able to send patient appointment reminders & messaging in addition to email appointment reminders. To enable this feature, you must first confirm your consent to receive such as a part of the "Telephone Consumer Protection Act" (TCPA.)

**I agree to receive automated SMS mobile text messaging / email reminders & messages.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



To what pharmacy would you like us to send your prescriptions?

Name: \_\_\_\_\_ Address \_\_\_\_\_