

## AUBURN UNIVERSITY EMPLOYEE PHARMACY NEW PATIENT FORM

PATIENT INFORMATION					
Last name:	First name:	MI:	Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Home Phone: (     )	
City:	State:	ZIP Code:	Preferred Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Office	Cell Phone: (     )	
Campus Address: <i>(Office number and building name)</i>				Office Phone: (     )	
Delivery Location: <input type="checkbox"/> AU Main Campus <input type="checkbox"/> AUM <input type="checkbox"/> Mail Order <span style="font-size: small;">(&gt;50 miles from campus)</span>			E-mail address:		
Insurance Contract Number:	Group ID:	<input type="checkbox"/> Cardholder <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Would you like easy-open tops? <i>(these will not be child-proof)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like our pharmacy staff to synchronize your medications to fill at the same time every month? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Would like more information					

MEDICATION INFORMATION		
Are you allergic to any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list medications and reactions below):		
Medication Name or Drug Class	Description of what happened when you took this medication <span style="font-size: x-small;">(i.e. difficulty breathing, hives, upset stomach, etc.)</span>	
Current Pharmacy Name:	Current Pharmacy Address:	Current Pharmacy Phone Number:

LIST ALL OF THE MEDICATIONS YOU ARE CURRENTLY TAKING:				
(include those taken daily or only as needed as well as any non-prescription medications and vitamins)				
Prescription Number	Medication Name	Dose/Strength <span style="font-size: x-small;">(mg, etc.)</span>	How do you take this? <span style="font-size: x-small;">(How many times a day, time of day))</span>	The reason you take this <span style="font-size: x-small;">(high blood pressure, depression, diabetes, etc.)</span>

We will contact your current pharmacy to transfer any active prescriptions that they have for you to the AU Employee Pharmacy.  
**Please allow up to 48 hours** for your prescriptions to be transferred.  
 The information provided on this form will be reviewed by healthcare providers in our Pharmaceutical Care Clinic.