The
PHARMACIST

32713 County Road 473 Leesburg, Florida 34788 Phone (352)-742-8080 Fax (352)-742-9292

Please provide a copy of a valid drivers license or state issued ID as well as your insurance card

Last Name_____ First Name_____ Sex __ M__ F DOB___/___/_____
Address_____ City_____ State_____ Zip_____
Phone # (____)_____ Alt Phone # (___)_____ Last 4 digits of SSN_____
If minor, Name and Address of Parent / Guardian_____
Drivers License #_____
Individuals authorized to pick up your prescriptions_____
How did you hear about us? __Word of mouth __Online __Saw a Sign __Reference

Please check the following that apply:
__Pregnant __Lactating __Nicotine User __Alcohol User Cap Preference: __Easy Off __Childproof

Medication Allergies and description of reaction __No known allergies
__Aspirin_____ __Penicillin_____
__Codeine_____ __Sulfa_____
__N Saids_____ __Tetracycline_____
__Other Allergies including environmental_____

Please check if you have any of the following chronic medical conditions:

__Arthritis (M15)
__Asthma (J45.4)
__Chronic Bronchitis (J41.0)
__Chronic Obstructive Pulmonary Disease (J44.9)
__Congestive Heart Failure (150.20)
__Diabetes(NIDDM E11.9/IDDM E10.9)
__Emphysema (J43)
__Glaucoma (H40.9)
__Headaches/Migranes (G43.901)
__Hypertension/High Blood Pressure (110)
__Hyperlipidemia/High Cholesterol (E78.2)
__Liver Disease
__Renal (Kidney) Disease
__Other_____

Please provide a complete list of any medications that you are currenlty taking

Effective September 23, 2013 The Pharmacist follows the regulations that apply to the privacy of health information. We are required to make available to you our Notice of Privacy Practices during your first visit to our pharmacy and therefore must make a good effort to obtain your signed acknowledgement of providing this information. If you have any questions concerning this information, or our Notice of Privacy Practices, please contact our Privacy Official listed below. We thank you for updating our records and for your patronage.
Sincerely,

James Corkrean Rph — James Corkrean Rph
Sean Corkrean Pharm.D. — Sean Corkrean Pharm.D.
Amanda Oni Pharm.D. — Amanda Oni Pharm.D.

Pharmacist judgement and verbal authorizations apply

I acknowledge that a copy of The Pharmacist's Notice of Privacy Practices has been made available to me

_____ _____ ___/___/____
Patient's Printed Name Patient's Signature Date

If you are transferring prescriptions from another pharmacy please provide us with the following

Pharmacy name_____ Location_____ Phone # (___) _____

Current Medication/Vitamin/Over the Counter Medications that you are taking

Prescriptions	Strength	Dosage	Doctor
Ex: Metformin	500mg	one tablet twice a day	Dr. Smith

Vitamins	Strength	Dosage	

Over the Counter Meds	Strength	Dosage	