Employee Pharmacy
Greenville, NC

VIDANT HEALTH™

Phone: (252) 847-4311
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Patient Information Form

Our department strives to provide optimal pharmaceutical care for our patients. Pharmaceutical care includes care such as routine 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 #: _____ MedCost Ins #: A_____

Address: _____ City: _____ Zip code: _____

Phone (H): _____ (W): _____ (C): _____

Email: _____ **Work at which Hospital? _____**

Medical Conditions (circle):

Hypertension Diabetes Hypothyroid Pregnant Glaucoma Asthma

Renal Failure 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.