

## **Basic Information**

| Address Line 1 Address Line 2   City State Zip   Marital Status Maiden Last   Driver's License State Driver's License #   Demographics Sexual Orientation   Sexual Orientation Gender Identity   Hispanic or Latino? Yes   No Decline to Specify   Ethnicity Ithnicity   Race Language   Emergency Contact Ithnicity   Full Name Middle   First Middle   Primary Phone Home   Model Work   Phone Number Email   Address Line 1 Address Line 2 | Full Name                     |                      |                     |      |        |
|---|-------------------------------|----------------------|---------------------|------|--------|
| Primary Phone Home   Marital Status   Marital Status   Driver's License State   Driver's License State   Driver's License #     Demographics     Sexual Orientation   Gender Identity     Hispanic or Latino?   Yes   No   Decline to Specify   Ethnicity     Race   Language     Emergency Contact     First   Primary Phone   Home   Mabile   Work  | First                         | Middle               | Las                 | it   | Suffix |
| Email Social Security Number   Address Line 1 Address Line 2   City State Zip   Marital Status Maiden Last   Driver's License State Driver's License #   Demographics Sexual Orientation   Gender Identity   Hispanic or Latino? Yes   No Decline to Specify   Ethnicity   Race Language   Emergency Contact Full Name First Primary Phone   Home   Mobile   Work Phone Number Email Address Line 1 Address Line 2                            | Sex Male Female Unknow        | wn                   | Date of Birth       | /    | /      |
| Address Line 1 Address Line 2   City State Zip   Marital Status Maiden Last   Driver's License State Driver's License #   Demographics Sexual Orientation   Sexual Orientation Gender Identity   Hispanic or Latino? Yes   No Decline to Specify   Ethnicity  | Primary Phone 🔿 Home 🔿 Mobile | e 🔿 Work             | Phone Number        |      |        |
| City State Zip     Marital Status Maiden Last        Driver's License State Driver's License #     Demographics     Sexual Orientation   Gender Identity     Hispanic or Latino?   Yes   No   Decline to Specify   Ethnicity     Race   Language     Emergency Contact     Full Name   First   Primary Phone   Maidle   Vork   Phone Number   Email   Address Line 1  | Email                         |                      | Social Security Nur | nber |        |
| Marital Status Maiden Last   Driver's License State Driver's License #   Demographics Sexual Orientation   Sexual Orientation Gender Identity   Hispanic or Latino? Yes   No Decline to Specify   Ethnicity Language   Emergency Contact Full Name First Primary Phone  Mobile  Work Phone Number Email Address Line 1 Address Line 1 Address Line 2  | Address Line 1                |                      | Address Line 2      |      |        |
| Driver's License State Driver's License #  Demographics  Sexual Orientation Gender Identity  Hispanic or Latino? Ores ONO Decline to Specify Ethnicity  Race Language  Emergency Contact  Relationship to Contact  Full Name Middle Lost  First Primary Phone O Home O Mobile O Work Phone Number  Emoil  Address Line 1 Address Line 2   | City                          |                      | State               | Zip  |        |
| Demographics         Sexual Orientation       Gender Identity         Hispanic or Latino?       Yes       No       Decline to Specify         Ethnicity       Language         Emergency Contact       Emergency Contact         Full Name       Middle       Last         First       Middle       Last         Primary Phone       Home       Mobile       Work         Phone Number       Email       Address Line 2                       | Marital Status                |                      | Maiden Last         |      |        |
| Sexual Orientation Gender Identity Hispanic or Latino? Ores ONO Decline to Specify Ethnicity Race Language Emergency Contact Relationship to Contact Full Name Middle Last First Primary Phone O Home O Mobile O Work Phone Number Email Address Line 1 Address Line 2  | Driver's License State        |                      | Driver's License #  |      |        |
| Hispanic or Latino? Ores ONO ODecline to Specify Ethnicity  | Demographics                  |                      |                     |      |        |
| Race Language     Emergency Contact     Relationship to Contact     Full Name     Middle   First   Primary Phone   Home   Mobile   Work   Phone Number     Email   Address Line 1     Address Line 2  | Sexual Orientation            |                      | Gender Identity     |      |        |
| Emergency Contact     Relationship to Contact     Full Name     Full Name     Middle     Last     Primary Phone     Home     Mobile   Work   Phone Number     Email     Address Line 1     Address Line 2   | Hispanic or Latino? OYes ONo  | O Decline to Specify | Ethnicity           |      |        |
| Relationship to Contact   | Race                          |                      | Language            |      |        |
| Full Name     Middle     Last     First     Primary Phone     Home     Mobile     Work     Phone Number     Email     Address Line 1     Address Line 2   | Emergency Contact             |                      |                     |      |        |
| Middle Last     First     Primary Phone     Home     Mobile     Work     Phone Number     Email     Address Line 1     Address Line 2   | Relationship to Contact       |                      |                     |      |        |
| First   Primary Phone   Home   Mobile   Work   Phone Number   Email   Address Line 1   Address Line 2   | Full Name                     |                      |                     |      |        |
| Primary Phone Home   Mobile Work   Email   Address Line 1   Address Line 2  | Eiret                         | Middle               |                     | Last |        |
| Address Line 1 Address Line 2   |                               | e ⊖ Work             | Phone Number        |      |        |
|   | Email                         |                      |                     |      |        |
| City State Zip  | Address Line 1                |                      | Address Line 2      |      |        |
|   | City                          |                      | State               | Zip  |        |

## **Financial Information**

| Responsible Party  |                        |  |  |  |
|--|------------------------|--|--|--|
| Who will be financially responsible for you? OMyself OSo                 | meone else             |  |  |  |
| If you chose "Someone Else", please fill out the following:              |                        |  |  |  |
| Relationship to Contact  |                        |  |  |  |
| Full Name  |                        |  |  |  |
| First Middle   | Last                   |  |  |  |
| Primary Phone 🔿 Home 🔿 Mobile 🔿 Work                                     | Phone Number           |  |  |  |
| Method of Payment  |                        |  |  |  |
| What will be your method of payment? Insurance Self-Pa                   | у                      |  |  |  |
| If you chose "Insurance", please fill out the following:                 |                        |  |  |  |
| PRIMARY INSURANCE POLICY   |                        |  |  |  |
| Insurance Company  | Policy Number          |  |  |  |
| Insurance Plan   | Insurance Phone Number |  |  |  |
| Group Number   |                        |  |  |  |
| Insurance Company Address  | Address Line 2         |  |  |  |
| City   | State Zip              |  |  |  |
| Relationship to Primary Policy Holder                                    |                        |  |  |  |
| If you are not the primary policy holder, please fill out the following: |                        |  |  |  |
| n you are nor me primary poincy notaer, piease nil our me rono           | ming.                  |  |  |  |
| Full Name<br>First Middle  | Last                   |  |  |  |
| Sex 🔿 Male 🔿 Female 🔿 Unknown  | Date of Birth/         |  |  |  |
| Policy ID Number   | Social Security Number |  |  |  |
| Policy Holder Address  | Address Line 2         |  |  |  |
| City   | State Zip              |  |  |  |
|  | <b>""</b>              |  |  |  |

If you are unable to provide your insurance information, please provide a reason before continuing.

| SECONDARY INSURANCE POLICY   |                        |  |  |  |
|--|------------------------|--|--|--|
| If you do not have a secondary insurance policy, you can leave this blank. |                        |  |  |  |
| Insurance Company  | Policy Number          |  |  |  |
| Insurance Plan   | Insurance Phone Number |  |  |  |
| Group Number   |                        |  |  |  |
| Insurance Company Address  | Address Line 2         |  |  |  |
| City   | StateZip               |  |  |  |
| Relationship to Secondary Policy Holder                                    |                        |  |  |  |
|  |                        |  |  |  |
| Full Name<br>First Middle  | Last                   |  |  |  |
| Sex () Male () Female () Unknown   | Date of Birth/         |  |  |  |
| Insurance ID Number  | Social Security Number |  |  |  |
| Policy Holder Address  | Address Line 2         |  |  |  |
| City   | State Zip              |  |  |  |

## **Additional Information**

## Please list your preferred pharmacies in order of preference

| Pharmacy Name | Pharmacy Address |
|---------------|------------------|
|               |                  |
|               |                  |
|               |                  |