STATE WELLNESS CENTER (SWC) PHARMACY
NEW PATIENT FORM

Name *(Last, First, Middle)*:	
Date of Birth:	Health Insurance Name & Contract Number:
Work Phone Number: ( )	Home Phone Number: ( )
Alternative Phone Number: ( )	Social Security Number:
Email:	
Home Address: (Include City, State, Zip):	
Work Address (Include Building Name and Room Number):	
Have you had your wellness screening? (Yes/No) _____ If no, please ask about scheduling an appointment.	

Medications Currently Taking			
Prescription Number	Medication Name	Dose/Strength	Dosing Instructions

Would you like Easy-Open Tops on Prescription Bottles? ☐ Yes ☐ No

Do You Have Allergies To Medicine? ☐ Yes ☐ No

If yes, please list which medications: _____
_____
_____

Describe The Type of Reaction(s) You Experienced: _____
_____
_____

State Wellness Center and Pharmacy
101 South Union Street, Montgomery, Alabama 36104
(334) 263-8340 | 1-877-311-1368 | Fax: (334) 263-8660

List Below Any Over-the-Counter (Non-Prescription) Medications You Take: _____
_____
_____

List Any Vitamins, Minerals or Herbal Remedies You Take: _____
_____
_____

Current Pharmacy Information:

Name: _____

Address : _____

Phone Number: ( )_____