

Pharmacy Services Form

_____ **Healthcare Pharmacies** 909 Harpeth Valley Place, Nashville TN 37221 615-673-0601

_____ **VA Pharmacy** Nashville, Murfreesboro TN 866-786-9367

PATIENT RECORD – NOTICE OF PRIVACY PRACTICES

Federal and Tennessee state law requires pharmacies to keep detailed medication records on all patients. Please complete this form in FULL and UPDATE any changes to this information as soon as possible. **Please attached a current medication list signed by your physician.**

PATIENT NAME: _____
Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME: _____ CELL: _____ WORK: _____

SOCIAL SECURITY #: _____ HEIGHT: _____ WEIGHT: _____

SEX: MALE FEMALE DATE OF BIRTH: _____

PRIMARY CARE PHYSICIAN: _____

ADDRESS _____ TELEPHONE _____

_____ FAX _____

Health Contact	Relationship	Phone- Home	Phone- Cell
Health Contact	Relationship	Phone- Home	Phone- Cell
Financial Contact	Relationship	Address	Phone
PRIMARY INS. COMPANY		Policy #	Group #
SECONDARY INS. COMPANY		Policy #	Group #

Cont. Pharmacy Services Form

ADVANCE DIRECTIVES:

DO YOU HAVE A DNR (DO NOT RESESITATE) ORDER? YES _____ NO _____

IF YES, WHICH PHYSICIAN/HOSPITAL HAS IT ON FILE? _____

KNOWN ALLERGIES / INTOLERANCES TO MEDICATIONS:

WOULD YOU LIKE CHILD PROOF BOTTLES/CAPS? YES _____ NO _____

HIPPA PATIENT PRIVACY REGULATIONS

This notice describes how medical information about you may be used, disclosed and how you can get access to this information. Please read it carefully.

ACCEPT: _____ DECLINE: _____

PERSONS ALLOWED TO HAVE YOUR MEDICAL INFORMATION:

1. _____+
2. _____

SIGNITURE OF PATIENT/GUARDIAN

DATE