evers Pharmacy
your health & wellness partner
142-02 Rockaway Blvd, Jamaica, NY 11436
Phone: 718-323-8377 **Fax:** 718-323-9377

NEW PATIENT ENROLLMENT FORM

CLIENT INFORMATION (Please fill out all fields except those marked as "**OPTIONAL**")

☐ Referred by: _____

Client Name: _____ Date of Birth: _____

Phone: _____

Address: _____

_____ Apt. #: _____

City: _____ State: _____ Zip: _____

Medicaid #: _____ Seq. #: _____ ADAP#: _____
OPTIONAL

Other Insurance: _____ ID#: _____ Group #: _____
OPTIONAL **OPTIONAL** **OPTIONAL**

☐ List any known allergies: _____

_____

☐ Prescription(s) Attached
(List all medications)
OPTIONAL

Choice of packaging
Check One:

☐ Vials ☐ Multi-Med Package

☐ Blistercard ☐ Pill Box

DOCTOR INFORMATION **OPTIONAL**

Doctor Name: _____ Hospital/Clinic: _____

Phone: _____ Fax: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

Special Instructions: **OPTIONAL** _____

_____

Authorized Signature: _____ Date: _____