



Welcome to Live Oak Pharmacy !! We appreciate our new patients. In order to provide the best service, we will need to have some information to identify you and your family. Please fill out the following information. Established in 1979, Live Oak Pharmacy is the only privately owned pharmacy in Brownwood. We will care for you and your family like our own.

{Head of House/Patient} -----

\*FULL NAME: \_\_\_\_\_ \*ADDRESS: \_\_\_\_\_

\*REFERRED TO BY ANOTHER 1ST NAME? \_\_\_\_\_

\*DATE OF BIRTH / / \_\_\_\_\_

\*DRUG ALLERGIES: \_\_\_\_\_ \* HOME PHONE: ( ) \_\_\_\_\_

\*SOCIAL SEC. #: \_\_\_\_\_ \* 2ND CELL/WORK:( ) \_\_\_\_\_

\*SEX: MALE [ ] FEMALE [ ] \* EASY OPEN LIDS [ ] Brand Name [ ] (when neces, allowed ins.)

{Optional information can effect medications}:

\*TOBACCO PRODS. [ ] PREGNANT/BREASTFEED [ ] \* ALCOHOL [ ]

\*MAJOR DIAGNOSIES (That may be important to Drug Dispensing; Example: DIABETES, OR BLOOD PRESSURE):  
 ~~~~~

~PLEASE GIVE US A CURRENT COPY OF YOUR INSURANCE, MEDICAID, OR MEDICARE SUPPLMENT PART A/B/D CARD.

{ADD ANYMORE FAMILY MEMBERS:}

NAMES:

|       |           |           |           |
|-------|-----------|-----------|-----------|
| _____ | DOB _____ | SEX _____ | ALG _____ |
| _____ | DOB _____ | SEX _____ | ALG _____ |
| _____ | DOB _____ | SEX _____ | ALG _____ |
| _____ | DOB _____ | SEX _____ | ALG _____ |
| _____ | DOB _____ | SEX _____ | ALG _____ |

\* PLEASE SIGN HIPAA PRIVACY ACKNOWLEDGEMENT