



4050 Buford Drive, Buford, GA 30518  
678-288-9798

### COVID-19 Vaccine Intake Form

Please complete form and email to [kennisonrx@gmail.com](mailto:kennisonrx@gmail.com) at least one day before your scheduled appointment date.

<b>FULL LEGAL NAME:</b>			
<b>HOME ADDRESS/CITY/ZIP CODE:</b>			
<b>PHONE NUMBER:</b>		<b>EMAIL ADDRESS:</b>	
<b>DATE OF BIRTH:</b>	<b>GENDER:</b> <input type="checkbox"/> F <input type="checkbox"/> M		
<b>RACE:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White			
<b>ETHNICITY:</b> <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic Latino <input type="checkbox"/> Unknown			
<b>DRUG ALLERGY (IF KNOWN):</b>			
<b>INSURANCE INFORMATION:</b> (Email picture of front and back of prescription insurance card)			
<b>RxBIN:</b>	<b>RxPCN:</b>	<b>MEMBER#:</b>	<b>GRP#:</b>
<b>Relation Code:</b> <input type="checkbox"/> INSURED (Card Holder) <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT			
<b>MEDICARE:</b>	<b>MEDICAID:</b>	<b>CHIP:</b>	
<input type="checkbox"/> I HAVE NO INSURANCE			
<b>SIGNATURE (required)</b>			