STATE WELLNESS CENTER (SWC) PHARMACY
NEW PATIENT FORM

Last Name	First Name	Middle Name
Date of Birth:	Gender (Circle One): Male Female	
Work Phone Number: ( )	Home Phone Number: ( )	
Alternative Phone Number: ( )	Email:	
Health Insurance Name: Member ID: Relationship to Policy Holder (Circle One): Self Spouse Child		
Home Address: Street: City: State: Zip:		
Work Address: Street: City: State: Zip:		
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

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) 844-8245 | 1-877-311-1368 | Fax: (334) 844-8255

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: ( )_____