



**PHOEBE SERVICES
PHARMACY**

NEW PATIENT PROFILE SHEET

Please print clearly.

Patient Full Name: _____ Date of Birth: _____

Home Address: _____

Member ID # (from ID card): _____ Group #: _____

Insurance Plan Name: _____ Relationship to Card Holder: _____

Home Phone #: _____ Work Phone #: _____

Employee Workplace: _____

Best Time & Phone # to call: _____

Primary Physician: _____ Primary Physician's Phone #: _____

Any known allergies?: _____

List all medications you are currently taking, even over-the-counter meds you may be buying outside of this pharmacy (to prevent potential drug-interactions):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Select Payment method (Please Circle One) :

Select Delivery Method (Please Circle One) :

1. Payroll Deduction

1. Mail

2. Credit Card (to be kept on file)

2. Pick Up at Pharmacy

3. LR Webber Flexible Spending Account Debit Card

4. Other (Check/Money Order)

Thank you for choosing Phoebe Services Pharmacy.

This information is strictly confidential and will be used only in the processing of your prescriptions.

Signature _____

Return form to: Phoebe Services Pharmacy, 6520 Stonegate Drive, Suite 100, Allentown, PA 18106.