

# Patient Enrollment



|             |               |   |
|-------------|---------------|---|
| DATE        | NEEDS BY DATE | SHIP TO:<br><input type="checkbox"/> PATIENT <input type="checkbox"/> OFFICE - FIRST DOSE <input type="checkbox"/> OFFICE - ALL DOSES <input type="checkbox"/> OTHER: |
| REFERRED BY |               | TEL   |

| PATIENT INFORMATION  |                   | ALL INFORMATION IS CONFIDENTIAL AND USED FOR CLINICAL PURPOSES ONLY    |   |
|--|-------------------|--|---|
| Patient Name   |                   | Preferred Name   |   |
| Main Phone   | Alternative Phone | Date of Birth  | Social Security #   |
| Patient Address  |                   |  |   |
| Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> MtF Female <input type="checkbox"/> FtM Male <input type="checkbox"/> other: |                   |  |   |
| Gender Identity<br><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> other:                    |                   |  | Pronouns  |
| Allergies  |                   | 340B Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> HIV <input type="checkbox"/> PrEP <input type="checkbox"/> Other |

| PRESCRIBER INFORMATION |                  |
|------------------------|------------------|
| Prescriber Name        |                  |
| Address                | City, State, Zip |
| Office Contact         | Phone            |

PLEASE FAX BOTH SIDES OF PRESCRIPTION CARD AND MEDICAL CARD

| INSURANCE                                       |  |
|---|--|
| <input type="checkbox"/> Private Insurance ID#: | <input type="checkbox"/> Medicaid ID#: |
| <input type="checkbox"/> Medicare Part D ID#:   | <input type="checkbox"/> Other: ID#:   |

| PRESCRIPTION TRANSFER |              |
|-----------------------|--------------|
| Current Pharmacy Name | Phone Number |
| Prescription(s)       |              |