NOVA SOUTHEASTERN UNIVERSITY CLINIC PHARMACY AT DAVIE
3200 SOUTH UNIVERSITY DRIVE
FT. LAUDERDALE, FL 33328
PHONE: (954) 262-4550 **FAX:** (954) 262-3865

NEW PATIENT INFORMATION

CHECK **MALE:** ☐ **FEMALE:** ☐

LAST NAME/APELLIDO (PRINT) FIRST NAME/PRIMER NOMBRE(PRINT) **DATE OF BIRTH** (MM/DD/YYYY)

ADDRESS/DIRECCION CITY/CIUDAD, STATE/ESTADO ZIP CODE/CODIGO POS.

( ) HOME PHONE # ( ) WORK PHONE # ( ) CELL PHONE #

PRESCRIPTION INSURANCE PLAN ID NUMBER **RX** GROUP NUMBER

CARDHOLDER / DEPENDENT / SPOUSE

RX BIN RX PCN **ABOVE: CIRCLE RELATIONSHIP THAT APPLIES**

ALLERGIES: (***CHECK ALL THAT APPLY***)

- ☐ NO KNOWN ALLERGIES
- ☐ ACETAMINOPHEN (TYLENOL)
- ☐ ASPIRINS/NSAIDS
- ☐ CEPHLASPORINS (KEFLEX)
- ☐ ERYTHROMYCIN
- ☐ IODINE
- ☐ MORPHINE
- ☐ PENICILLIN
- ☐ SULFA
- ☐ OTHER: ____________

MEDICAL HISTORY: (***CHECK ALL THAT APPLY***)

- ☐ ASTHMA
- ☐ CANCER
- ☐ DEPRESSION
- ☐ DIABETES
- ☐ EPILEPSY
- ☐ HEART ATTACK
- ☐ HEART DISEASE
- ☐ HEPATITIS
- ☐ HIGH BLOOD PRESSURE
- ☐ HIV/AIDS
- ☐ LIVER DISEASE
- ☐ PREGNANT/BREAST FEEDING
- ☐ STROKE
- ☐ OTHER: ____________

MEDICATION PROFILE/PERFIL DE MEDICAMENTOS: (PLEASE BE AS COMPLETE AS POSSIBLE)

NAME OF MEDICATON:(NORVASC)	STRENGTH:(5MG)	HOW YOU TAKE THE MED.(TAKE 1 TABLET AT BEDTIME)	

OVER THE COUNTER, HERBAL MEDICATIONS, VITAMINS OR ANY OTHER MEDICATIONS TAKEN

NAME OF MEDICATON:	STRENGTH:(5MG)	HOW YOU TAKE THE MED.(1 TABLET AT BEDTIME)

SIGNATURE/ FIRMA: ____________ DATE/ FECHA: ____________