



NOTES:  
 - The Pharmacy is open every Saturday until 12:00pm.  
 - Check-in: 8:30am - 10:30am ONLY.  
 - Patients must arrive before 10:30am and must have referral and prescriptions. They can be faxed ahead of time to: 859-272-0434.  
 - The pharmacy is located at 230 S. Martin Luther King Blvd, Lexington  
 - The pharmacy phone number is 859-272-0219.  
 - NO NARCOTICS, CONTROLLED SUBSTANCES, OR ANTIBIOTICS.

**Faith Pharmacy New Patient Intake Form**

Date: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Full Address (include city and zip): \_\_\_\_\_  
 Telephone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Gender: M F US Citizen: Yes No Marital Status: \_\_\_\_\_  
 Number living in household: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Private Health Insurance? Y N If yes, company and policy #: \_\_\_\_\_  
 Any Prescription coverage? Y N  
 Social Security Disability? Y N Pending  
 Medicare A (Hospitalization)? Y N Pending  
 Medicare B (Outpatient)? Y N Pending  
 Medicare D (Prescriptions)? Y N Pending  
 Medicaid? Y N  
 Filed taxes last year? Y N

Total monthly income for entire household (all persons in household) – by source:  
 \_\_\_\_\_ Wages \_\_\_\_\_ Social Sec. Disability (SSDI)  
 \_\_\_\_\_ Unemployment \_\_\_\_\_ Alimony  
 \_\_\_\_\_ Workmen’s Comp \_\_\_\_\_ Child support  
 \_\_\_\_\_ Pension \_\_\_\_\_ F.S./Other income  
 \_\_\_\_\_ Social Security

Any known allergies: \_\_\_\_\_

List ALL medications: \_\_\_\_\_

List ALL medical conditions the patient is currently being treated for: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Social Worker/Interviewer: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Notes: \_\_\_\_\_