

Valley Drug/Camas Center New Patient Form (Page 1 of 2)

Patient Name: _____ **Date of Birth:** _____
Gender: ___M ___F **Cell Phone:** (____)____-____ **Home Phone:** (____)____-____
Native Indian: ___Yes ___No **Are you PRC (Contract Health Services)** ___Yes ___No
Physical Address: _____
(REQUIRED) Address City State Zip
Mailing Address: _____
(If different from physical) Address City State Zip
Email: _____ **SSN:** _____
Payment Option: ___Credit Card on File ___State Apple Health/ \$0 Copay ___PRC

Preferences (check all that apply)

How would you like to be notified when your prescriptions are ready? ___Text ___Phone
Do you want paper or electronic medication education with your prescriptions? ___Electronic ___Paper
Electronic medication information requires a smart phone and access to the internet
Would you like to have your prescriptions delivered to the Camas Center Clinic or Mailed to you? ___Clinic Delivery ___Mailed
Delivery is available on days the clinic is open and usually arrives around 4:00pm
Would you like to have all your medications filled at Valley Drug? ___Yes ___No
IF yes, where should we transfer them from: _____
Pharmacy Name Pharmacy Phone#

Allergy History (check all that apply)

___ No Known Allergies ___ Erythromycin ___ Penicillin ___ Aspirin
 ___ Cephalosporins ___ Sulfa Drugs ___ Codeine ___ Tetracycline
 ___ NSAIDS
(Nonsteroidal anti-inflammatory) ___ Other _____

Health Conditions (Please check all conditions that have been diagnosed for the patient)

___ None ___ Diabetes/Non-Insulin (E11) ___ Liver Disease (K76)
 ___ Asthma (J45) ___ GERD (reflux) (K21) ___ Arthritis Rheumatoid (M05)
 ___ COPD (J44.9) ___ Pregnancy (Z34) ___ Osteoarthritis (M19)
 ___ Cancer (C80) ___ Osteoporosis (M81) ___ Congestive Heart Failure (I50)
 ___ Chronic Pain (G89) ___ High Blood Pressure (I10) ___ Coronary Artery Disease (I25.10)
 ___ Seizures (G40) ___ High Cholesterol (E78) ___ Diabetes/Insulin (E10)
 ___ Depression (F33) ___ IBS (irritable bowel) (K58) ___ Low Thyroid (E03)
 ___ Glaucoma (H40) ___ Kidney Disease (N18) ___ Ulcers Gastric (K25)
 ___ ADD/ADHD (F90) ___ Other: _____

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Patient Name: _____ Date of Birth: _____

Other Medications (circle and list)

Do you currently take prescription medications/OTCs/Supplements? Y N

List other Medications: _____

Insurance Information (If you have trouble locating Insurance Information, we can search with your SSN#)

Primary Insurance Name: _____ Name of Card Holder: _____

Bin#: _____ Pcn#: _____ Group#: _____ ID# _____

Secondary Insurance Name: _____ Name of Card Holder: _____

Credit Card Information

Card Type: ___ Visa ___ American Express ___ Discover ___ MasterCard

Card Number: _____ Exp. Date: _____ Sec Code: _____

Cardholder: _____

Signature: _____

Would you like Valley Drug to keep this credit card on file for future prescription billing? ___ Yes ___ No

Contact Information

Valley Drug Phone number is 509-935-8611

Valley Drug Text number 509-414-7994

Valley Drug Pharmacy App is Available for IOS and Android. Search Rxlocal in the app store.

We are here to help!

Thank you for choosing Valley Drug for your prescription. We are proud to be partnered with the Camas Center Clinic. We are committed to providing you with the best pharmacy care. There currently are deliveries sent from the pharmacy to the clinic Monday through Thursday on days the clinic is open. Deliveries usually arrive around 4:00pm. We also are able to mail out prescriptions directly to you, if your insurance allows. We look forward to being a part of your health care team. Our hours of operation are Monday through Saturday 8am to 5:30pm. Please call us if you have any questions or just to say hello. Our phone number is 509-935-8611 and our text line is 509-414-7994.

-Thank you-



Dustin D Person PharmD

Pharmacy Director Valley Drug Company

Clinical Consultant Pharmacist Camas Center Clinic