



TOM LANGLAND RPH

DAVID WILLINGHAM RPH

Mailing Address (206) 463-9118 Shipping Address
P.O. Box 348 17617 Vashon Hwy SW
Vashon, WA 98070 Fax (206) 463-6950 Vashon, WA 98070

PATIENT INFORMATION:

FIRST NAME LAST NAME

PHYSICAL ADDRESS (REQUIRED)

MAILING ADDRESS

CITY STATE ZIP

HOME PHONE WORK PHONE

PATIENT PROFILE:

In order to enhance our ability to monitor your prescription drug therapy and help us to serve you better, the law requires that in addition to the above information, we ask you for your date of birth, existing medical conditions, and known drug allergies. This information will be entered into your private patient profile and be kept strictly confidential.

PATIENT'S DATE OF BIRTH (MM/DD/YYYY)

DOES THE PATIENT HAVE ANY ALLERGIES TO THE FOLLOWING DRUGS:

- ( ) NO KNOWN DRUG ALLERGIES
( ) PENICILLIN ( ) ASPIRIN ( ) SULFA DRUGS
( ) ERYTHROMYCIN ( ) CODEINE ( ) TETRACYCLINES
( ) LIST ANY OTHER DRUG ALLERGIES

DOES THE PATIENT HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS:

- ( ) NO CHRONIC CONDITIONS
( ) HIGH BLOOD PRESSURE ( ) HIGH CHOLESTEROL ( ) ARTHRITIS
( ) HEART CONDITION ( ) EPILEPSY ( ) GLAUCOMA
( ) ASTHMA ( ) COPD ( ) HYPOTHYROIDISM
( ) DIABETES ( ) ULCER(S) ( ) HYPERTHYROIDISM

In order to reduce danger to children, federal law required that your prescriptions be dispensed with child-resistant "safety caps" unless the patient or prescriber requests otherwise. If you do not wish to receive your prescriptions in a child resistant container with a "safety cap", please ask for our "NON CHILD RESISTANT CONTAINER REQUEST FORM," which you will need to sign and date.

HIPAA COMPLIANCE:

You have been given a HIPAA notice that describes how medical information about you may be used and discloses how you can get access to this information. Please sign below acknowledging that you have received a written copy of Vashon Pharmacy's Notice of Privacy Practices.

SIGNATURE DATE

Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific health care operations.