

Home Delivery Sign-Up Sheet for New Users

Are you new to Home Delivery? If you are, please fill out this Home Delivery Sign-Up Sheet and return it to us in the pre-paid, pre-addressed Home Delivery envelope we've provided for you (along with your prescriptions written for a 90-day supply).

Fill out this sheet if you are about to start using the Home Delivery pharmacy service for your maintenance medications and you haven't used the service before. **If you are currently using the service, you don't need to fill out this form.**

Name _____ **Date of birth** ____ / ____ / ____ **Male/Female**

Home address _____

Home phone _____ **Cell phone** _____ **US Family Health Plan ID card number** _____

Primary Care Provider name and phone _____

Are you allergic to any medications? If so, what are the medications and what was your reaction?

Credit card number _____ **Exp** ____ / ____ **Security code** _____

Please list the maintenance medications you will be receiving through Home Delivery. Maintenance medications are medications that you take long-term for an ongoing condition, such as medications to control high blood pressure or diabetes.

Medication name	Dose	Directions	Prescriber name and phone number

Please list all non-prescription medications you are taking. Include vitamins, nutritional supplements, over-the-counter and herbal preparations, herbal beverages, and parenteral nutrition or intravenous preparations. Even though we don't dispense these items to you, having this information will help us check for possible dangerous interactions.

Name	Dose	Directions	Name	Dose	Directions