Welcome

Goddard Health Center Pharmacy

pharmacy@ou.edu

New Patient Information

Print Name _____ OU ID Number _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone # _____ Date of Birth _____

I understand that it is my responsibility to notify the pharmacy at the above telephone or address if my contact information changes.

Medication Allergy and Reaction:

_____

_____

Prescription Insurance Information

Prescription Insurance Name _____ Cardholder ID # _____

BIN# _____ PCN# _____ Group# _____

Authorization to Text & Email

I understand that I should not use electronic communication such as email or text message to contact my pharmacy in the case of emergency. If completed below, I consent to having refill information sent to me at the cell number and/or email address below. Refill messages will include my prescription number and general information about the prescription. I understand that text and email messages are not generally secure and may be viewed by unauthorized individuals.

I authorize Goddard Health Center Pharmacy to communicate with me via:

text: (_____) _____ - and/or - email _____ @ _____

I understand that refusal to sign this Authorization will not affect my ability to obtain services from Goddard Health Center Pharmacy. I understand that I may revoke my consent at any time by providing Goddard Health Center Pharmacy with a verification of my identity and completing the Request for Alternative Communication form. Revocation will not apply to communications that have been sent prior to the revocation date. I understand that this service of electronic communication is offered solely at the discretion of Goddard Health Center Pharmacy and may be withdrawn at any time. I understand this is not a request for release of my medical records.

Signature of patient/parent/authorized legal representative * _____

Relationship to patient * _____ **Date *** _____

*May be requested to show proof of representative status

*HIPAA document. Retain in patient file for a minimum of 6 years

HEALTH SERVICES
The UNIVERSITY of OKLAHOMA

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