



# HIV / AIDS Intake Form

Northborough, MA: Toll free (855) 880-1091 Toll free fax (844) 265-0265

www.AllCarePlusPharmacy.com

## PATIENT INFO

Patient Name
Address
City, State, Zip
Phone
Social Security
Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female
Allergies HDAP #

## PRESCRIBER INFO

Prescriber Name
Group/Hospital
Address
City, State, Zip
Phone Fax
DEA/NPI #

PLEASE ATTACH: 1) A MEDICATION LIST 2) NEW PRESCRIPTIONS

## INSURANCE INFORMATION (skip if MA Health)

ID#: \_\_\_\_\_ GROUP #: \_\_\_\_\_ BIN #: \_\_\_\_\_

## ADDITIONAL INFORMATION

LANGUAGE:  English  Spanish  Other: \_\_\_\_\_

DELIVERY ADDRESS:  Patient's Address  Other Address: \_\_\_\_\_

DELIVERY SERVICE:  Personal Delivery  UPS

CURRENT PHARMACY NAME, PHONE & LOCATION:

### PACKAGING

7 Day Compliance Packaging  30 Day Compliance Packaging  All Medication in Bottles  Other: \_\_\_\_\_

## SPECIAL NOTES

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