



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	Male	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
