



2500 Grant Road, Mountain View, CA 94040-4378
815 Pollard Road, Los Gatos, CA 95032

EL CAMINO HOSPITAL

EL CAMINO HOSPITAL OUTPATIENT PHARMACY CONFIDENTIAL PATIENT INFORMATION FORM

LAST NAME: _____ FIRST NAME: _____ MI: _____

HOME/MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ AUTO REFILL: YES ___ NO ___

BIRTH DATE: _____ MALE ___ FEMALE ___ EMAIL ADDRESS: _____

HOME PHONE: _____ MOBILE PHONE: _____

LOCATION: MV ___ LG ___ MV NIGHT SHIFT ___

ECH Employee ID# (if new patient): _____ RX for family member YES ___ NO ___

NOTIFICATION PREFERENCE (select one or both): EMAIL: YES ___ NO ___ TEXT MESSAGE: YES ___ NO ___

DRUG ALLERGIES/REACTION: _____

MEDICATION GUIDES/MATERIAL PREFERENCE: ELECTRONIC ___ PAPER PRINTED ___

RX INSURANCE PROVIDER NAME: _____ BIN NO.: _____

ID#: _____ GROUP #: _____ PCN NO.: _____

SIGNATURE: _____ DATE: _____

IT IS ALWAYS IMPORTANT TO NOTIFY YOUR PHARMACY OF ANY CHANGES IN YOUR MEDICAL HISTORY

IF YOU NEED A PRESCRIPTION TRANSFERRED FROM ANOTHER PHARMACY PLEASE COMPLETE THE INFORMATION BELOW:

PHARMACY NAME: _____

PHARMACY PHONE: _____

PRESCRIPTION NUMBER(S) / NAME OF MEDICATION(S): _____

OTHER INSTRUCTIONS: _____

EL CAMINO HOSPITAL OUTPATIENT PHARMACY WILL CONTACT YOUR PHARMACY TO OBTAIN ALL NECESSARY INFORMATION

COMPLETED FORM MAY BE FAXED TO: (650) 988-8245