



575 Rivergate Lane #111 ▪ Durango, CO 81301 ▪ Phone: (970) 375-7711 ▪ Fax: (970) 375-7722 ▪ www.rivergatepharmacy.com

**NEW PATIENT INTAKE FORM**

Today's Date \_\_\_ / \_\_\_ / \_\_\_

**PATIENT:** Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_  Male  Female  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_  
Email \_\_\_\_\_

**RESPONSIBLE PARTY:** Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_  
Email \_\_\_\_\_

**PRIMARY CARE PROVIDER:** \_\_\_\_\_

**PLEASE LIST ANY ALLEGIES HERE:**

\_\_\_\_\_  
\_\_\_\_\_

**PREFERENCES:**

Safety Caps  Yes  No      Mail out \*  Yes  No      Email for notices \*  Yes  No  
Automatic Refill  Yes  No      Free Delivery \*  Yes  No      Texting for notices \*  Yes  No  
Special Packing  Yes  No      (*Ask about our free synchronization program and have all your prescriptions ready at the same time.*)  
Monthly Newsletter and Special Offers via Email  Yes  No      \* Please provide email address and/or cell phone above.

**WHO CAN WE THANK FOR REFERRING YOU?**

Name or Healthcare Provider \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Website     Radio Ad     Blog     Facebook     Twitter     Medical Professional     Family Member/Friend  
**Online Ad:**  Durango Chamber of Commerce     Durango Herald     Newspaper/Magazine Ad \_\_\_\_\_

**COMPLETED BY STAFF:**  Cash (no insurance)     WC (Worker's Comp)     CWR (call when ready)    **INITIALS:** \_\_\_\_\_

**If you have insurance, please present your card with this form.**

*Committed to Your Health and Well-Being*