COSTCO PHARMACY - *CONFIDENTIAL PATIENT INFORMATION FORM*

Do you have insurance coverage for prescriptions? If not, ask us about the Costco Member Prescription Program!
You can start saving today with our FREE discount program, available to our members without insurance!

Name _____
Last First Middle Initial

House Address (No PO Box) _____

City _____ State _____ Zip _____

Home Phone (_____) _____-_____ Birth Date _____/_____/_____ Sex □ Male □ Female

Cell Phone (_____) _____-_____ E-Mail_____ Safety Caps Y____N____

INSURANCE COVERAGE INFORMATION

Do you have insurance coverage? (Y)___ (N)___ (Please present card)

Do you have Medicare Part D? (Y)___ (N) ___ Do you have Medicare Part B? (Y) ___ (N) ___

Do you have Medicare Advantage? (Y)___ (N)___ If Part B, do your have supplemental Rx coverage (Y)___ (N) ___

If Part B, Is beneficiary in a skilled nursing home? (Y)___(N) ___

CHRONIC MEDICAL CONDITIONS

☐ Diabetes I (Insulin) 250.01	☐ Diabetes II (Non-Ins.) 250.02	☐ Hypo-Thyroid 243.0	☐ GERD 530.1
☐ High Cholesterol 272	☐ High Blood Pressure 401	☐ Epilepsy 345.11	☐ Migraine 346
☐ Depression 311	☐ ADD/ADHD 314.0	☐ Insomnia 307.41	☐ Anxiety 300.0
☐ Osteoporosis 733.0	☐ Arthritis 714	☐ Glaucoma 365	☐ Angina 413.0
☐ Asthma 493	☐ Other(s) _____		

ALLERGIES TO MEDICATIONS

☐ Penicillin 000476 ☐ Cephalosporins 000477 ☐ Sulfonamide 000491 ☐ Erythromycin 000479 ☐ Quinolones 003668

☐ Aspirin 000270 ☐ Acetaminophen 900013 ☐ NSAIDS 000439 ☐ Codeine 000268 ☐ Morphine 000268

☐ Antihistamines 000797, 000798, 000799, 000801, 000800 ☐ Other _____ ☐ No Known Allergies 900388

What other medications are you taking?_____

Patient Signature_____Date_____

Form #PH03 6.6.11