



- EXPERTISE IN CHRONIC & ACUTE HEALTH CONDITIONS
- FREE DELIVERY
- AUTO-REFILL PROGRAM
- FREE PHARMACIST & INSURANCE CONSULTATIONS
- SE HABLA ESPAÑOL

120 UNIVERSITY AVENUE
SAN DIEGO, CA 92103
(866) 260-1387 (Toll FREE)
P: (619) 260-1010 • F: (619) 260-1031
www.hillcrestpharmacy.com

Confidential Enrollment Form

Contact Information

Last Name _____ First Name _____ Middle Initial _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ / _____ / _____ Sex ___ Male ___ Female
 Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
 Email _____

Preferred Method of Contact

Can we leave you messages regarding your medications? Please check yes or no for each method of contact:

Home phone ___ Yes ___ No Cell phone ___ Yes ___ No
 Mail ___ Yes ___ No Email ___ Yes ___ No

What is your preferred method of contact? Home phone Cell phone Mail Email

Allergies

Are you allergic to any medications? ___ Yes ___ No

If yes, please list medication(s) here: _____

Refills

Would you like to enroll in our automatic refill program? Whenever your refills expire, we will automatically process a refill request and will have your prescription ready as usual. ___ Yes ___ No

Pick-up and Delivery

We offer free delivery and shipping to all San Diego County and Imperial County addresses.

Would you like our medications to be delivered to your home or clinic? ___ Yes ___ No

If you would like your medication(s) delivered/shipped to an address other than the one above, note it here:

Clinic/Location Name _____

Address _____ City _____ State _____ Zip _____

Primary Care Physician's Information

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ - _____

Insurance Information

Insurance Carrier _____

Subscriber Number _____ Group Number _____

Emergency Contact Information

Last Name _____ First Name _____

Relation _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Referral Information

How did you **first** hear about Hillcrest Pharmacy? (Please **check only one**.)

Web

- Yellowpages.com
- SDGLN.com

Print

- Gay and Lesbian Times
- San Diego Gay and Lesbian News's Pix magazine

In Person/On Site

- Owen Clinic
- Family Health Centers
- Ciaccio Memorial Clinic
- CASA
- Being Alive
- Vista Community Clinic
- North County Health Services

Word of Mouth

- Friends/family
- My doctor: _____
- My case manager: _____

Other

Please list here: _____

Acknowledgement of Receipt of the Notice of Privacy Practices

I acknowledge that I have received a copy of Hillcrest Pharmacy's Notice of Privacy Practices.

Customer's signature _____ Date ____ / ____ / ____

Customer's printed name _____