MERRIMACK COLLEGE

On-site MEDICAL SERVICES

Patient Intake Form

Full Legal Name: _____

Preferred name:_____ Pronouns: _____

Date of Birth: _____ Student ID Number: _____

Phone Number: _____

Insurance Name: _____

Member ID Number: _____

Subscriber Name (Self/Parent): _____

Subscriber Date of Birth (if not you): _____

Subscriber Phone Number: _____

Address: _____

_____

Reason for Visit: _____

Allergies (drug name and reaction): _____

Preferred local Pharmacy (if needed): _____

Current Medications:

_____

_____

_____