MyNuRx
Nutritional Pharmacy
Compounding, Health & Wellness Center

Patient Demographics

Please fill out for New and Exisitng patients to update your demographics in our systems.

Patient Name *

Prefix | First Name | Middle Name | Last Name | Suffix

Patient's sex *

Male | Female | Other

Patient's Date of Birth *

Month | Day | Year

Patient's Social Security Number

Patient's Mailing Address *

Street Address

Street Address Line 2

City | State / Province

Postal / Zip Code

Patient Cell Phone Number

Area Code | Phone Number

Patient Home Phone Number

Area Code | Phone Number

Patient Work Number

Area Code | Phone Number

Patient's Email

example@example.com

Marital Status of Patient

- ○ Single
- ○ Married
- ○ Divorced
- ○ Widowed
- ○ _____

Employment Status of Patient

- ○ Full Time
- ○ Part Time
- ○ Not Working
- ○ Disabled
- ○ Retired
- ○ Student
- ○ _____

Name of Employer

Language(s) spoken by patient

- ☐ English
- ☐ Spanish
- ☐ _____

What category best describes your race (one or more may be marked)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ I choose not to answer
- ☐

Please specify your ethnicity

- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Nationality of Patient

- ☐ U.S. citizen
- ☐

Emergency Contact Information

Emergency Contact for patient

First Name Last Name

Emergency Contact Phone Number

Area Code Phone Number

Emergency Contact Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

How is the emergency contact related to patient?

Patient Medical History

Have you ever been treated any of the following medical conditions?

- ☐ Acid Reflux (GERD)
- ☐ Asthma
- ☐ Cancer
- ☐ COPD/Emphysema
- ☐ Diabetes mellitus
- ☐ Heart disease/heart attack
- ☐ Hepatitis C
- ☐ High choleterol
- ☐ HIV disease
- ☐ Irritable Bowel Syndrome
- ☐ Low thyroid function
- ☐ Parkinson's disease
- ☐ Seizures/epilepsy
- ☐ Stroke or TIA (min-stroke)
- ☐ Vitamin D deficiency
- ☐ Arthritis
- ☐ Bleeding Disorders
- ☐ Chronic pain
- ☐ Dementia or memory loss
- ☐ Head trauma/loss of consciousness
- ☐ Hepatitis B
- ☐ High blood pressure
- ☐ High thyroid function
- ☐ Iron deficiency/anemia
- ☐ Kidney disease
- ☐ Migraines or chronic headaches
- ☐ Pituitary tumor
- ☐ Sleep apnea
- ☐ Vitamin B12 deficiency
- ☐ None
- ☐

Please list any other medical conditions not listed above

Primary Care Provider Name

First Name | Last Name | Suffix

Primary Care Provider Phone Number

Area Code | Phone Number

Drug Allergies

Your other healthcare providers

I agree that the above informtion will be added to the systems of NuRx Pharmacy LLC to update and add demographic information for the above patient. By Signing below you authorize NuRx Pharmacy to update and store all of your information.