

Pharmacy Consultation Request

To schedule a personal, private, no-cost pharmacist consultation, use the form below. Please be sure to list all of your current medications, herbal products and dietary supplements so that we can provide you with the best possible service. Your information will be kept completely confidential.

A Hill Physicians Pharmacist will contact you for your pharmacist consultation on your appointment date/time.

If you have not received a call during the date/time you selected, please contact our Hill Physicians Pharmacists' toll-free at 1-877-445-5637, Monday-Friday, 9am to 4:30pm, excluding holidays.

Is this consultation for yourself? (Required)

Yes, this consultation is for myself No, this consultation is on behalf of someone

Your relationship to patient? (Required)

Spouse Parent/Guardian Child Caregiver Provider

What can we help you with?

- I have prescriptions from multiple doctors
- I'm adding new prescriptions to existing prescriptions
- I have recently been discharged from the hospital with additional prescriptions
- I take medicine for diabetes, asthma, hypertension or congestive heart failure
- I am uncertain about whether to take a medicine with or without food
- Other _____

Patient Info: (Required)

Name: Prefix ____ First _____ Last _____

Gender: Female Male Other

Patient preferred phone: (Required) (_____)

Please check this box if you do not want detailed voicemail messages left at this phone number.

List of medications: (Required)

Please add one medication per line, including drug name, strength (mg), and instructions.

_____	_____
_____	_____
_____	_____

Medication allergies: (Required) Yes No

List all medication allergies: (Required) _____
