

Community Health Awareness Oklahoma City
1515 N. Classen Blvd, Oklahoma City, Ok 73106

Patient Pre-Qualifying Application

Demographic

(One application per person, Please Print clearly)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

SS# _____ - _____ - _____ DOB _____ Martial Status: S M W D

US Citizen Yes No Gender M F How many people in household _____

Are on Medication Yes No Medicare Part D Yes No Are you Disabled Y N

Employment Status: Retired Unemployed Full Time Part Time

Alternative Contact Name _____ Contact Phone _____

Disease or Medical Condition _____ Drug or Food Allergies _____

How did you hear about Medication Assist? (Please be specific) _____

Doctor 1 _____ Doctor 2 _____

Facility Name _____ Facility Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Phone() _____ Phone() _____

Fax () _____ Fax() _____

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| Gross Salary/wages | \$ | Unemployment | \$ | Alimony | \$ |
| SSI Retirement | \$ | Pension/ Retirement | \$ | Other | \$ |
| SSI Disability | \$ | Interest/Annually/IRA | \$ | List Sources of Income | \$ |
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