



50680 Corporate Drive, Shelby Twp., MI 48315

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MACOMB COUNTY CMH CONSUMER INFORMATION

PLEASE CIRCLE CLINIC:							
NORTH	SOUTHEAST	SOUTHWEST	SRS2	SRS5	ACT/EHS	UBHC	
NAME:				DATE OF BIRTH:			
ADDRESS:					CITY:		
STATE:		ZIP:		PHONE:			
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		ALLERGIES:					
SS# or DRIVER'S LICENSE/MICHIGAN ID: <small>(Needed for controlled substances)</small>							
CASE NUMBER:			DIAGNOSIS:			NEXT INJECTION:	

PRESCRIPTION INSURANCE INFORMATION

PRIMARY PRESCRIPTION INSURANCE COMPANY:	
CONTRACT #:	GROUP #:
INSURED'S NAME (CARDHOLDER):	
OTHER INSURANCE:	

PLEASE AFFIX PRESCRIPTION OR ANY ADDITIONAL INFORMATION AND FAX TO 586.323.8273