

Patient Name:

Date of Birth:

SECTION 3: Your medical conditions

Has your doctor ever told you that you have any of the conditions listed below? If so, fill the oval completely next to **all** that apply.

<input type="radio"/>	Allergies, hay fever (allergic rhinitis)	<input type="radio"/>	Heart failure (CHF)
<input type="radio"/>	Arthritis	<input type="radio"/>	Hemophilia and hemophilia-like conditions
<input type="radio"/>	Asthma	<input type="radio"/>	High blood pressure (hypertension)
<input type="radio"/>	Bladder control problem (urinary incontinence)	<input type="radio"/>	High blood sugar (diabetes)
<input type="radio"/>	Brittle bones (osteoporosis)	<input type="radio"/>	High cholesterol (hypercholesterolemia)
<input type="radio"/>	Chest pain (angina)	<input type="radio"/>	Inflammatory bowel disease
<input type="radio"/>	Crohn's disease	<input type="radio"/>	Migraine headache
<input type="radio"/>	Depression	<input type="radio"/>	Overactive thyroid (hyperthyroid)
<input type="radio"/>	Emphysema (COPD, chronic bronchitis)	<input type="radio"/>	Peptic, stomach, or duodenal ulcer
<input type="radio"/>	Enlarged prostate (benign prostatic hyperplasia, BPH)	<input type="radio"/>	Poor circulation in the legs (peripheral vascular disease)
<input type="radio"/>	Gastric reflux, heartburn, or esophagitis (GERD)	<input type="radio"/>	Seizures (epilepsy)
<input type="radio"/>	Glaucoma	<input type="radio"/>	Stroke (TIA)
<input type="radio"/>	Heart attack (myocardial infarction)	<input type="radio"/>	Underactive thyroid (hypothyroid)

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SECTION 4: Your nonprescription medications

Fill in the oval completely for each **nonprescription medication** that you are currently taking on a regular basis.

<input type="radio"/>	Advil®/ibuprofen	<input type="radio"/>	Prilosec OTC®/omeprazole
<input type="radio"/>	Aleve®/naproxen	<input type="radio"/>	Sominex®, Nytol®/diphenhydramine
<input type="radio"/>	Bayer®/aspirin	<input type="radio"/>	Tagamet®/cimetidine
<input type="radio"/>	Benadryl®/diphenhydramine	<input type="radio"/>	Tylenol®/acetaminophen
<input type="radio"/>	Orudis KT®/ketoprofen	<input type="radio"/>	Zantac®/ranitidine
<input type="radio"/>	Pepcid AC®/famotidine		

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Additional health information

If you have any other medication allergies, medical conditions, or nonprescription medications not listed above, please call 1-877-438-4417, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-716-3231.

Did you complete both sides?

Thank you very much.