

SUBSCRIBER MEDICAL DATA

ACCOUNT NUMBER

DATE

1. PERSONALPLEASE CHECK THE NEXT TO THE APPLICABLE HEALTH CONDITIONS • DISREGARD THE NUMBERS WITH EACH SELECTION - THEY ARE FOR OFFICE USE ONLY.

NAME		Blood Type & RH factor (+/-) UNK = unknown	
DATE OF BIRTH	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 3 A <input type="checkbox"/> 4 B <input type="checkbox"/> 5 AB	
HOSPITAL PREFERENCE	TOWN/CITY	<input type="checkbox"/> 6 O <input type="checkbox"/> 0 UNK	
PRIMARY CARE PHYSICIAN	CONTACT NUMBER	<input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> UNK	
PRIMARY MEDICAL INSURANCE PROVIDER ONLY (IF MEDICARE - THEN ONLY LIST MEDICARE)		INSURANCE PROVIDER PHONE NUMBER	

2. HISTORY/CONDITIONS - SIGNIFICANT CONCERNS ONLYPLEASE CHECK THE NEXT TO THE APPLICABLE HEALTH CONDITIONS • DISREGARD THE NUMBERS WITH EACH SELECTION - THEY ARE FOR OFFICE USE ONLY.

<input type="checkbox"/> 1 ASTHMA	<input type="checkbox"/> 7 HYPERTENSION
<input type="checkbox"/> 2 DEMENTIA; ALZHEIMER'S DISEASE	<input type="checkbox"/> 8 STROKE; CVATIA
<input type="checkbox"/> 3 DIABETES	<input type="checkbox"/> 9 SEIZURES
<input type="checkbox"/> 4 HEART :	<input type="checkbox"/> 10 HIGH BLOOD PRESSURE
<input type="checkbox"/> 5 CANCER :	<input type="checkbox"/> 11 HIGH CHOLESTEROL
<input type="checkbox"/> 6 RESPIRATORY :	<input type="checkbox"/> 12 ARTHRITIS; RHEUMATOID
<input type="checkbox"/> 0 OTHER :	<input type="checkbox"/> 13 OSTEOPOROSIS

3. MAJOR SURGERIES/PROCEDURES - PAST FIVE (5) YEARS ONLY PLEASE!

SURGERY/PROCEDURE	DATE	SURGERY/PROCEDURE	DATE

4. ALLERGIES ONLY - SIGNIFICANT CONCERNS ONLY - EXCLUDE SEASONALPLEASE CHECK THE NEXT TO THE APPLICABLE HEALTH CONDITIONS • DISREGARD THE NUMBERS WITH EACH SELECTION - THEY ARE FOR OFFICE USE ONLY.

SECTION 4 IS ONLY FOR WHAT WILL CAUSE AN ALLERGIC REACTION! PRESCRIPTIONS ARE ON THE REVERSE SIDE!

<input type="checkbox"/> 1 ASPIRIN	<input type="checkbox"/> 6 LATEX
<input type="checkbox"/> 2 IODINE	<input type="checkbox"/> 7 SULFA DRUGS
<input type="checkbox"/> 3 PAIN MEDICATIONS :	
<input type="checkbox"/> 4 ANTI-BIOTICS :	
<input type="checkbox"/> 5 FOOD :	
<input type="checkbox"/> 0 OTHER :	

SEE REVERSE SIDE FOR PRESCRIPTION MEDICATION SECTION

ACCOUNT NAME

ACCOUNT NUMBER

5. PRESCRIPTION MEDICATIONS

PLEASE CHECK THE NEXT TO THE APPLICABLE MEDICATIONS • DOSAGE/FREQUENCY IS NOT NEEDED •
 DISREGARD THE NUMBERS WITH EACH SELECTION – THEY ARE FOR OFFICE USE ONLY.

<input type="checkbox"/> 1	ACCUPRIL	<input type="checkbox"/> 37	COREG	<input type="checkbox"/> 77	IMDUR	<input type="checkbox"/> 117	OXYBUTYRIN	<input type="checkbox"/> 211	TERAZOSIN
<input type="checkbox"/> 2	ACETAMINOPHEN w/ CODEINE	<input type="checkbox"/> 38	COUMADIN	<input type="checkbox"/> 78	IMITREX	<input type="checkbox"/> 118	OXYCODONE	<input type="checkbox"/> 159	TETRACYCLINE
<input type="checkbox"/> 3	ACIPHEX	<input type="checkbox"/> 39	COZAAR	<input type="checkbox"/> 79	INSULIN	<input type="checkbox"/> 119	OXYCONTIN	<input type="checkbox"/> 160	THIAZIDE
<input type="checkbox"/> 4	ACTONEL	<input type="checkbox"/> 40	CRESTOR	<input type="checkbox"/> 80	IODINE	<input type="checkbox"/> 120	OXYGEN	<input type="checkbox"/> 212	TIMOLOL
<input type="checkbox"/> 5	ACTOS	<input type="checkbox"/> 41	CYMBALTA	<input type="checkbox"/> 81	ISOSORBIDE	<input type="checkbox"/> 121	PAROXETINE	<input type="checkbox"/> 161	TOPAMAX
<input type="checkbox"/> 6	ADDERALL	<input type="checkbox"/> 42	DARVOCET	<input type="checkbox"/> 82	JANUVIA	<input type="checkbox"/> 122	PAXIL	<input type="checkbox"/> 162	TOPROL XL
<input type="checkbox"/> 7	ADVAIR	<input type="checkbox"/> 43	DARVON	<input type="checkbox"/> 83	KCL	<input type="checkbox"/> 123	PENICILLIN	<input type="checkbox"/> 163	TRAMADOL
<input type="checkbox"/> 8	ADVL w/ CODEINE	<input type="checkbox"/> 44	DETROL	<input type="checkbox"/> 84	K-DUR	<input type="checkbox"/> 124	PERCOCET	<input type="checkbox"/> 164	TRAZODONE
<input type="checkbox"/> 9	ALBUTEROL	<input type="checkbox"/> 45	DIAZEPAM	<input type="checkbox"/> 85	KLONOPIN	<input type="checkbox"/> 125	PLAVIX	<input type="checkbox"/> 200	TRAMTERENE w/ HCTZ
<input type="checkbox"/> 196	ALLOPURINOL	<input type="checkbox"/> 46	DICYCLOMINE	<input type="checkbox"/> 86	KLOR CON	<input type="checkbox"/> 126	POTASSIUM CHLORIDE	<input type="checkbox"/> 165	TYLENOL
<input type="checkbox"/> 10	ALPRAZOLAM	<input type="checkbox"/> 47	DIGITEK	<input type="checkbox"/> 87	LANOXIN	<input type="checkbox"/> 127	PREDNISONE	<input type="checkbox"/> 166	ULTRACET w/ CODEINE
<input type="checkbox"/> 11	ALTACE	<input type="checkbox"/> 48	DIGOXIN	<input type="checkbox"/> 199	LANTUS	<input type="checkbox"/> 128	PREVACID	<input type="checkbox"/> 167	ULTRAM
<input type="checkbox"/> 12	AMBIEN	<input type="checkbox"/> 49	DILTIAZEM	<input type="checkbox"/> 88	LASIX	<input type="checkbox"/> 129	PRILLOSEC	<input type="checkbox"/> 168	UNITHROID
<input type="checkbox"/> 13	AMIODARONE	<input type="checkbox"/> 50	DIOVAN	<input type="checkbox"/> 89	LEVAQUIN	<input type="checkbox"/> 130	PRINIVIL	<input type="checkbox"/> 169	VALIUM
<input type="checkbox"/> 14	AMITRIPTYLINE	<input type="checkbox"/> 51	DITROPAN	<input type="checkbox"/> 90	LEVOTHYROXINE	<input type="checkbox"/> 131	PROCARDIA	<input type="checkbox"/> 170	VALTREX
<input type="checkbox"/> 15	AMLODIPINE	<input type="checkbox"/> 52	ECOTRIN	<input type="checkbox"/> 91	LEVOXYL	<input type="checkbox"/> 132	PROTONIX	<input type="checkbox"/> 171	VASOTEC
<input type="checkbox"/> 16	ANTACIDS	<input type="checkbox"/> 53	EFFEXOR	<input type="checkbox"/> 92	LEXAPRO	<input type="checkbox"/> 133	PROVENTIL	<input type="checkbox"/> 172	VERAPAMIL
<input type="checkbox"/> 17	ARICEPT	<input type="checkbox"/> 54	EL-DOPA	<input type="checkbox"/> 93	LIPITOR	<input type="checkbox"/> 134	PROZAC	<input type="checkbox"/> 173	VERELAN
<input type="checkbox"/> 18	ASPIRIN	<input type="checkbox"/> 55	ENALAPRIL	<input type="checkbox"/> 94	LISINAPRIL	<input type="checkbox"/> 135	QUINAPRIL	<input type="checkbox"/> 213	VESICARE
<input type="checkbox"/> 19	ATENOLOL	<input type="checkbox"/> 56	EVISTA	<input type="checkbox"/> 95	LITHIUM	<input type="checkbox"/> 136	QUININE	<input type="checkbox"/> 174	VIAGRA
<input type="checkbox"/> 20	ATIVAN	<input type="checkbox"/> 57	FAMOTIDINE	<input type="checkbox"/> 96	LOPRESSOR	<input type="checkbox"/> 137	RAMIPRIL	<input type="checkbox"/> 175	VICODIN
<input type="checkbox"/> 21	AVANDIA	<input type="checkbox"/> 58	FENTANYL	<input type="checkbox"/> 97	LORAZEPAM	<input type="checkbox"/> 138	RANITIDINE	<input type="checkbox"/> 176	VYTORIN
<input type="checkbox"/> 201	AVAPRO	<input type="checkbox"/> 59	FERROUS SULFATE	<input type="checkbox"/> 98	LOTENSIN	<input type="checkbox"/> 139	REMERON	<input type="checkbox"/> 177	WARFARIN
<input type="checkbox"/> 202	AVODART	<input type="checkbox"/> 206	FLOMAX	<input type="checkbox"/> 99	LOVASTATIN	<input type="checkbox"/> 140	REQUIP	<input type="checkbox"/> 178	WELLBUTRIN
<input type="checkbox"/> 22	BENAZEPRIL	<input type="checkbox"/> 207	FLONASE	<input type="checkbox"/> 100	LUNESTA	<input type="checkbox"/> 141	RHINOCORT	<input type="checkbox"/> 179	XALATAN
<input type="checkbox"/> 198	BENICAR	<input type="checkbox"/> 60	FLUOXETINE	<input type="checkbox"/> 101	LUVOX	<input type="checkbox"/> 142	RISPERDAL	<input type="checkbox"/> 180	XANAX
<input type="checkbox"/> 23	BIAXIN	<input type="checkbox"/> 61	FOLIC ACID	<input type="checkbox"/> 102	LYRICA	<input type="checkbox"/> 143	RITALIN	<input type="checkbox"/> 181	XOLAIR
<input type="checkbox"/> 24	BISOPROLOL	<input type="checkbox"/> 62	FOSAMAX	<input type="checkbox"/> 103	MELIZINE	<input type="checkbox"/> 144	ROZEREM	<input type="checkbox"/> 182	ZANTAC
<input type="checkbox"/> 203	BONIVA	<input type="checkbox"/> 63	FUROSEMIDE	<input type="checkbox"/> 104	METFORMIN	<input type="checkbox"/> 145	SENOKOT	<input type="checkbox"/> 183	ZENAPAX
<input type="checkbox"/> 25	CADUJET	<input type="checkbox"/> 64	GABAPENTIN	<input type="checkbox"/> 105	METOPROLOL	<input type="checkbox"/> 146	SEROQUEL	<input type="checkbox"/> 184	ZESTRIL
<input type="checkbox"/> 26	CALTRATE	<input type="checkbox"/> 65	GLIPIZIDE	<input type="checkbox"/> 106	MOBIC	<input type="checkbox"/> 147	SERTRALINE	<input type="checkbox"/> 185	ZETIA
<input type="checkbox"/> 27	CARDIZEM	<input type="checkbox"/> 66	GLUCOPHAGE	<input type="checkbox"/> 107	NAPROXEN	<input type="checkbox"/> 148	SIMVASTATIN	<input type="checkbox"/> 186	ZINCATE
<input type="checkbox"/> 28	CARTIA	<input type="checkbox"/> 67	GLUCOSAMINE	<input type="checkbox"/> 208	NASONEX	<input type="checkbox"/> 149	SINEMET	<input type="checkbox"/> 187	ZITHROMAX
<input type="checkbox"/> 29	CARVEDILOL	<input type="checkbox"/> 68	GLUCOTROL	<input type="checkbox"/> 108	NEURONTIN	<input type="checkbox"/> 150	SINGULAR	<input type="checkbox"/> 188	ZOCOR
<input type="checkbox"/> 30	CELEXA	<input type="checkbox"/> 69	GLYBURIDE	<input type="checkbox"/> 109	NEXIUM	<input type="checkbox"/> 151	SKELAXIN	<input type="checkbox"/> 189	ZOLOFT
<input type="checkbox"/> 31	CIPRO	<input type="checkbox"/> 70	HALDOL	<input type="checkbox"/> 110	NIACIN	<input type="checkbox"/> 152	SODIUM	<input type="checkbox"/> 190	ZOLPIDEM
<input type="checkbox"/> 32	CITALOPRAM	<input type="checkbox"/> 71	HUMALOG	<input type="checkbox"/> 111	NIFEDIPINE	<input type="checkbox"/> 153	SOMA	<input type="checkbox"/> 191	ZOMIG
<input type="checkbox"/> 33	CLARITIN	<input type="checkbox"/> 72	HUMULIN	<input type="checkbox"/> 112	NITROGLYCERIN	<input type="checkbox"/> 210	SPIRIVA	<input type="checkbox"/> 192	ZOVIRAX
<input type="checkbox"/> 34	CLONIDINE	<input type="checkbox"/> 198	HYDROCHLORO THIAZIDE /HCTZ	<input type="checkbox"/> 113	NIZATIDINE	<input type="checkbox"/> 154	SULFA DRUGS	<input type="checkbox"/> 193	ZYBAN
<input type="checkbox"/> 204	CLONAZEPAM	<input type="checkbox"/> 73	HYDROCODONE	<input type="checkbox"/> 114	NORVASC	<input type="checkbox"/> 155	SYNTHROID	<input type="checkbox"/> 194	ZYPREXA
<input type="checkbox"/> 35	CODINE	<input type="checkbox"/> 74	HYDROXYZINE	<input type="checkbox"/> 209	NOVOLOG	<input type="checkbox"/> 156	TAGAMET	<input type="checkbox"/> 195	ZYRTEC
<input type="checkbox"/> 36	COLACE	<input type="checkbox"/> 75	HYZAAR	<input type="checkbox"/> 115	NSAIDS	<input type="checkbox"/> 157	TAPAZOLE		
<input type="checkbox"/> 205	COMBIVENT INHL.	<input type="checkbox"/> 76	IBUPROFEN	<input type="checkbox"/> 116	OMEPRAZOLE	<input type="checkbox"/> 158	TENORMIN		

0 ADDITIONAL MEDICATIONS. PLEASE DO NOT LIST OVER-THE-COUNTER DRUGS, VITAMINS OR SUPPLEMENTS