

SUBSCRIBER MEDICAL DATA	ACCOUNT NUMBER	DATE
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1. PERSONAL			
PLEASE CHECK THE <input type="checkbox"/> NEXT TO THE APPLICABLE HEALTH CONDITIONS • DISREGARD THE NUMBERS WITH EACH <input type="checkbox"/> SELECTION – THEY ARE FOR OFFICE USE ONLY.			
NAME	<i>Blood Type & RH factor (+ / -)</i> 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 ONLY	
PLEASE CHECK THE <input type="checkbox"/> NEXT TO THE APPLICABLE HEALTH CONDITIONS • DISREGARD THE NUMBERS WITH EACH <input type="checkbox"/> 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; CVA/TIA
<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 SEASONAL	
PLEASE CHECK THE <input type="checkbox"/> NEXT TO THE APPLICABLE HEALTH CONDITIONS • DISREGARD THE NUMBERS WITH EACH <input type="checkbox"/> SELECTION – THEY ARE FOR OFFICE USE ONLY.	
SECTION 4 IS <i>ONLY</i> FOR WHAT WILL <i>CAUSE</i> 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 OXYBUTYNIN	<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 ADVIL	<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 w/ CODEINE	<input type="checkbox"/> 45 DIAZEPAM	<input type="checkbox"/> 85 KLONOPIN	<input type="checkbox"/> 125 PLAVIX	<input type="checkbox"/> 200 TRIAMTERENE 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 w/ CODEINE
<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
<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 PRILOSEC	<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"/> 197 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 MECLIZINE	<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 CADUET	<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 SINGULAIR	<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 CODEINE	<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.