

Health, Allergy & Medication Questionnaire (HMQ)

Your answers to the following questions will help protect you against potentially harmful drug interactions and side effects. We will alert your pharmacist about possible drug allergies and interactions that can be harmful. To best serve you, we need to know if you have any medication allergies or medical conditions. We also need to know what nonprescription medications you take regularly.

Your privacy is important to us. Medco complies with federal privacy regulations and will protect this information.

Follow the steps listed below.

Step 1: Complete all sections below using blue or black ink. Please print.

Step 2: Return the completed questionnaire to the address below.

Medco Health Solutions, Inc.
4865 Dixie Highway
Fairfield, OH 45014
Attn: HMQ

SECTION 1: Patient information

Patient name: _____

Gender: _____

Month/Year of birth: _____

Contact phone: _____

Patient member number: _____

(Located on your member ID card and/or in your benefit information.)

SECTION 2: Patient medication allergies

Fill in the oval completely if the patient has had an allergy or serious reaction to any of these medications:

<input type="checkbox"/>	Aspirin and salicylates (for example: ZORprin®, Trilisate®)
<input type="checkbox"/>	Codeine (for example: Tylenol® #3)
<input type="checkbox"/>	Erythromycin, Biaxin®, Zithromax®
<input type="checkbox"/>	Nonsteroidal anti-inflammatory drugs (NSAIDS) (for example: ibuprofen, Advil®, Motrin®)
<input type="checkbox"/>	Penicillins/cephalosporins (for example: Amoxil®, amoxicillin, ampicillin, Keflex®, cephalexin)
<input type="checkbox"/>	Sulfa drugs (for example: Septra®, Bactrim®, TMP/SMX)
<input type="checkbox"/>	Tetracycline antibiotics

If the patient has an allergy to a medication that is not listed above, print the name of that medication in the space below. Example: morphine

other: _____

other: _____

(please continue on next page)

Patient name: _____

SECTION 3: Patient medical conditions

Has the patient ever been diagnosed with 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)

If the patient has a medical condition that is not listed above, print the name of that medical condition in the space below. Example: breast cancer

other: _____

other: _____

SECTION 4: Patient nonprescription medications

Fill in the oval completely for each nonprescription medication that the patient is currently taking on a regular basis.

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

If the patient takes a nonprescription medication that is not listed above, print the name of that medication in the space below.

other: _____

other: _____

Did you complete both pages?

Thank you very much.