AptivaRx

AptivaRx® Health, Allergy, and Medication Questionnaire

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 whether you have any medication allergies or medical conditions. We also need to know what prescription and nonprescription medications you take regularly.

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

Complete and return this form by following the steps below:
Step 1: Verify and complete the information in SECTION 1.
Step 2: Complete all sections below using blue or black ink. Please print.

SECTION 1: Your Personal Information	
Name:	**Contact Phone:**
Date of Birth (mm/dd/yyyy):	**Gender: Male Female**

SECTION 2: Your Medication Allergies	
Check the box if you have had an allergy or serious reaction to any of these medications:	
	Aspirin and salicylates (for example, *ZORprin®, Trilisate®*)
	Codeine (for example, *Tylenol®* #3)
	Erythromycin, *Biaxin®*, *Zithromax®*
	Non-steroidal anti-inflammatory drugs (NSAIDS) (for example, ibuprofen, *Advil®*, *Motrin®*)
	Penicillins/cephalosporins (for example, *Amoxil®*, amoxicillin, ampicillin, *Keflex®*, cephalexin)
	Sulfa drugs (for example, *Septra®*, *Bactrim®*, TMP/SMX)
	Tetracycline antibiotics
If you have an allergy to a medication not listed above, print the name of the medication(s) in the space below: Other: ______	

SECTION 3: Your Medical Supplies and Equipment			
Check the box for each medical supply or therapy that you use on a regular basis:			
	Diabetes test strips		Catheters and accessories
	Insulin pumps		Sleep apnea supplies
	Ostomy bags		Nebulization equipment

SECTION 4: Your Nonprescription Medications

Check the box for each nonprescription medication that you are currently taking on a regular basis:

	Advil®/ibuprofen		*Prilosec OTC®*/omeprazole
	Aleve®/naproxen		*Sominex®*, *Nytol®*/diphenhydramine
	Bayer®/aspirin		*Tagamet®*/cimetidine, Zantac®/ranitidine
	Benadryl®/diphenhydramine		*Tylenol®*/acetaminophen
	Flonase/Nasacort		*Maalox®*/aluminum-magnesium antacid
	Pepcid AC®/famotidine		

If you take a nonprescription medication that is not listed above, print the name of the medication(s) in the space below:

Other: ______________________________

SECTION 5: Your Medical Conditions

Has your doctor ever told you that you have any of the conditions listed below? Please check the box next to all that apply.

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

If you have a medical condition not listed above, print the name of the medical condition in the space below:

Other: ______________________________

If you have any other medication allergies, medical conditions, prescription medications not filled under your pharmacy benefit, or nonprescription medications not listed on this questionnaire, or if you would like to speak with a pharmacist about your medication or supplies, please call AptivaRx toll-free at (800) 491-3276.

Be sure to complete both sides of this questionnaire, and then mail it to:

AptivaRx HMQ Survey, 8881 S. US Highway 1, Port St. Lucie, FL 34952

Note: Do not send prescriptions, refill slips, or correspondence with this questionnaire.