

PATIENT MEDICATION QUESTIONNAIRE

Due to the pharmacy benefit changes in the majority of the insurance companies our office deals with, we have found it imperative to obtain certain information concerning medications that may have been previously taken. Most insurance companies are requiring precertification for medications; we need your assistance. Please complete this form in the event your insurance company requires your medication to be precertified.

Name _____ **Date of Birth** _____

Prescription Plan Name _____ **Insurance ID** _____

Regular Pharmacy Name and Phone # _____

1) Have you ever taken ANY of the medications listed below? (Check ALL that apply)

- | | | |
|-------------------------------------|---------------|-----------------|
| ___ Ibuprofen (Motrin/Advil/Nuprin) | ___ Naprosyn | ___ Daypro |
| ___ Naproxen (Aleve) | ___ Voltaren | ___ Lodine |
| ___ Relafen | ___ Arthrotec | ___ Oruvail |
| ___ Cataflam | ___ Orudis KT | ___ Other _____ |

2) Please check which side effect/s you experienced while taking these medications:

- | | | | |
|--------------------|--------------|----------------------------------|-----------------|
| ___ Abdominal Pain | ___ Diarrhea | ___ Stomach Upset | ___ Other _____ |
| ___ Nausea | ___ Ulcer | ___ Medication Was Not Effective | |

3) Have you ever taken ANY of the medications listed below?

- | | | |
|---|--------------|--------------|
| ___ Pepcid | ___ Tagament | ___ Axid |
| ___ Zantac | ___ Prilosec | ___ Prevacid |
| ___ Maalox | ___ Mylanta | ___ Tums |
| ___ Any medication for an Ulcer or Gastric Reflux | | |

4) Have you ever been diagnosed as having ANY of the ailments listed below?

- | | | |
|---------------|---------------------------|--------------------|
| ___ Heartburn | ___ Peptic Ulcer | ___ Duodenal Ulcer |
| ___ Reflux | ___ Barrett's Esophogitis | ___ Other _____ |

5) Have you demonstrated an allergic reaction, such as rash, to Sulfa (Bactrim/Septra)? Yes No

6) Do you currently take an anticoagulant medication (Coumadin/warfarin)? Yes No

7) Do you currently take a low-dose aspirin (325mg or less) per day? Yes No

8) Do you currently take any oral corticosteroids? (i.e. Prednisone) Yes No

9) Do you have high blood pressure? Yes No

What medication/s do you take, if any, for lowering blood pressure? _____