

## Health, Allergy & Medication Questionnaire (HMQ)

**Your privacy is important to us.** Medco complies with federal privacy regulations. Your answers to the following questions will help us provide your prescription drug benefit services including, for example, filling prescriptions and alerting your doctor about possible medication problems. To best serve you, we need to know if you have any known allergies, conditions or diseases.

- **Complete this questionnaire only for the person whose name is pre-printed in Section 1.**
- Return the questionnaire in the self-addressed envelope "HMQ".
- **Do not include prescriptions with this questionnaire.**
- If you need more questionnaires please call your toll-free Member Services number.
- Please fill in response circles completely. Correct way to mark circles: ●

### SECTION 1

**This form is provided exclusively for:**

Name:

Month/Year of Birth:

Gender:

This person's home  
Telephone number is:

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### SECTION 2

Please fill in the circle **ONLY** if you've had an allergy or bad reaction to this medication in the past. If you've had an allergy to a medication not listed below, please print the name of that medication in the blank spaces at the bottom of this chart. Please use blue or black ink.

<b>Penicillins/cephalosporins</b>	Such as: Amoxil®, amoxicillin, ampicillin, Ceclor®, Ceftin®, Keflex®, cephalixin	<input type="radio"/>
<b>Tetracycline antibiotics</b>		<input type="radio"/>
<b>Erythromycin, Biaxin®, Zithromax®</b>		<input type="radio"/>
<b>Codeine</b>	Such as: Robitussin AC®, Tylenol #3®	<input type="radio"/>
<b>Non-steroidal anti-inflammatory drugs (NSAIDs)</b>	Such as: ibuprofen, Advil®, Motrin®	<input type="radio"/>
<b>Aspirin (salicylates)</b>		<input type="radio"/>
<b>Sulfa drugs</b>	Such as: Septra®, Bactrim®, TMP/SMX	<input type="radio"/>
<b>Iodine</b>		<input type="radio"/>

If you have an allergy to a medication that is not listed above, please print the name of that medication in the spaces below. Example: *morphine*

other:

other:

other:

Please continue on the other side to tell us about any medical conditions

SECTION 3

Please respond to each question by filling the circle completely with the response that best describes the person identified in section 1.

Has your doctor ever told you that you have any of the following conditions?

	YES	NO
Heart failure (weak heart)	<input type="radio"/>	<input type="radio"/>
High blood pressure (hypertension)	<input type="radio"/>	<input type="radio"/>
Heart attack or angina	<input type="radio"/>	<input type="radio"/>
High cholesterol (hypercholesterolemia)	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>
Chronic bronchitis or emphysema (COPD)	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Allergies, runny nose, hay fever (allergic rhinitis)	<input type="radio"/>	<input type="radio"/>
High blood sugar (diabetes)	<input type="radio"/>	<input type="radio"/>
Thyroid disease	<input type="radio"/>	<input type="radio"/>
Peptic, stomach, or duodenal ulcer	<input type="radio"/>	<input type="radio"/>
Gastric reflux, heartburn, or esophagitis (GERD)	<input type="radio"/>	<input type="radio"/>
Inflammatory bowel disease (colitis, Crohn's disease)	<input type="radio"/>	<input type="radio"/>
High pressure in the eyes (glaucoma)	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>
Poor circulation in the legs (peripheral vascular disease)	<input type="radio"/>	<input type="radio"/>
Trouble with blood not clotting properly	<input type="radio"/>	<input type="radio"/>
Enlarged prostate (benign prostatic hyperplasia, BPH)	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Migraine headache	<input type="radio"/>	<input type="radio"/>
Print other medical conditions not listed above in the space below. Example: <i>glaucoma</i>		

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Return **ONLY** the questionnaire in the preaddressed envelope marked "HMQ". If you do not have a preaddressed envelope, please return the questionnaire to:

Medco Health Solutions, Inc.  
 100 Parsons Pond Drive  
 MS SAMPPQNL  
 Franklin Lakes, N.J. 07417-2603

**Please do not include prescriptions or refill slips with this questionnaire.**

Did you complete both sides?      Thank you very much.