FUTURE SCRIPTS® xSecure

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 prescription and nonprescription medications you take regularly.

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

To complete and return this form, follow the steps below.
Step 1: Verify and complete information in SECTION 1.
Step 2: Complete all sections below using blue or black ink. Please print.
Step 3: Return the completed questionnaire in the preaddressed envelope marked HMQ. Do not send prescriptions, refill slips, or correspondence with this questionnaire. If you do not have a preaddressed envelope, please return the questionnaire to:

FutureScripts Secure HMQ Questionnaire
P.O. Box 14238
Lexington, KY 40512-9868

SECTION 1: Patient information

Patient name: Gender:
(First name, Last name) Male ○ Female ○

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

Date of Birth: Contact phone:
Month Day Year

SECTION 2: Your medication allergies

Fill in the oval completely 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®
○	Nonsteroidal 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

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(over, please)

Patient name: **Date of birth:**

SECTION 3: Your medical conditions

Has your doctor ever told you that you have any of the conditions listed below? If so, fill the oval completely next to **all** that apply.

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

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SECTION 4: Your nonprescription medications

Fill in the oval completely 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
○	Benadryl®/diphenhydramine	○	Tylenol®/acetaminophen
○	Orudis KT®/ketoprofen	○	Zantac®/ranitidine
○	Pepcid AC®/famotidine		

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Additional health information

If you have any other medication allergies, medical conditions, or nonprescription medications not listed above, please call Member Services at 1-888-678-7015. TTY/TDD users should call 1-877-207-1194.

Did you complete both sides? **Thank you very much.**