



Patient name:

Grid for patient name

Date of birth:

Month Day Year

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.

Table with 2 columns of medical conditions and radio button options.



SECTION 4: Your nonprescription medications

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

Table with 2 columns of nonprescription medications and radio button options.



Additional health information

If you have any other medication allergies, medical conditions, or nonprescription medications not listed above, please call 1 877 438-4417.

Did you complete both sides?

Thank you very much.

