



Express Scripts 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. Express Scripts complies with federal privacy regulations and will protect this information. Complete and return this form following the steps below or go to Express-Scripts.com/healthform to submit it online:

Step 1: Verify and complete information in SECTION 1.

Step 2: Complete all sections below using blue or black ink. Please print.

SECTION 1: Patient information

Patient name:

(First name, Last name)

Gender:

Male ☐ Female ☐

Date of Birth:
Month Day Year

Contact phone:

Member number:

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

SECTION 2: Your medication allergies

Fill in the oval **completely** if you have had an allergy or serious reaction to any of these medications:

| | |
|-----------------------|---|
| <input type="radio"/> | Aspirin and salicylates (for example: <i>ZORprin</i> ®, <i>Trilisate</i> ®) |
| <input type="radio"/> | Codeine (for example: <i>Tylenol</i> ® #3) |
| <input type="radio"/> | Erythromycin, <i>Biaxin</i> ®, <i>Zithromax</i> ® |
| <input type="radio"/> | Nonsteroidal anti-inflammatory drugs (NSAIDS) (for example: ibuprofen, <i>Advil</i> ®, <i>Motrin</i> ®) |
| <input type="radio"/> | Penicillins/cephalosporins (for example: <i>Amoxil</i> ®, amoxicillin, ampicillin, <i>Keflex</i> ®, cephalexin) |
| <input type="radio"/> | Sulfa drugs (for example: <i>Septra</i> ®, <i>Bactrim</i> ®, TMP/SMX) |
| <input type="radio"/> | Tetracycline antibiotics |

SECTION 3: Your nonprescription medications

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

| | | | |
|-----------------------|-----------------------------------|-----------------------|--|
| <input type="radio"/> | <i>Advil</i> ®/ibuprofen | <input type="radio"/> | <i>Prilosec OTC</i> ®/omeprazole |
| <input type="radio"/> | <i>Aleve</i> ®/naproxen | <input type="radio"/> | <i>Sominex</i> ®, <i>Nytol</i> ®/diphenhydramine |
| <input type="radio"/> | <i>Bayer</i> ®/aspirin | <input type="radio"/> | <i>Tagamet</i> ®/cimetidine |
| <input type="radio"/> | <i>Benadryl</i> ®/diphenhydramine | <input type="radio"/> | <i>Tylenol</i> ®/acetaminophen |
| <input type="radio"/> | <i>Orudis KT</i> ®/ketoprofen | <input type="radio"/> | <i>Zantac</i> ®/ranitidine |
| <input type="radio"/> | <i>Pepcid AC</i> ®/famotidine | | |

[illegible]

| | | | | | |
|--------------|--|------------|--|-------------|--|
| | | | | | |
| <i>Month</i> | | <i>Day</i> | | <i>Year</i> | |

SECTION 4: 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.

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

Additional health information

If you have any other medication allergies, medical conditions, prescription medications not filled under your pharmacy benefit, or nonprescription medications not listed above, please call 877.438.4417.

End of Express Scripts Health, Allergy & Medication Questionnaire

Did you complete both sides?

Thank you very much.

Place your completed questionnaire in an envelope and send to Express Scripts.
Do not send prescriptions, refill slips, or correspondence with this questionnaire.

EXPRESS SCRIPTS
HMQ PROCESSING CENTER
PO BOX 66773
ST. LOUIS, MO 63166-6773

Notice of availability and nondiscrimination 800-971-1491 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាផ្សេងៗ ដើម្បីជួយចំណាត់ថ្នាក់ដល់សមាស្បៀងផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ ማሳሰቢያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໃຫ້ເພື່ອນບໍລິການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Zadzwonić, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

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