



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.

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

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SECTION 3: Your medical supplies and equipment

Fill in the oval completely for each medical supply or therapy that you use on a regular basis.

<input type="radio"/>	Diabetes test strips	<input type="radio"/>	Catheters and accessories
<input type="radio"/>	Insulin pumps	<input type="radio"/>	Sleep apnea supplies
<input type="radio"/>	Ostomy bags	<input type="radio"/>	Erectile dysfunction equipment

SECTION 4: Your nonprescription medications

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

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

(over, please)

