

## 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](http://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.

FOLD HERE

### SECTION 1: Patient information

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

Date of Birth:  /  /  Contact phone:      
Month Day Year

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

FOLD HERE

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

Patient name:

Date of birth:     
*Month Day Year*

**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, 24 hours a day, 7 days a week. TTY users should call 800.716.3231

**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