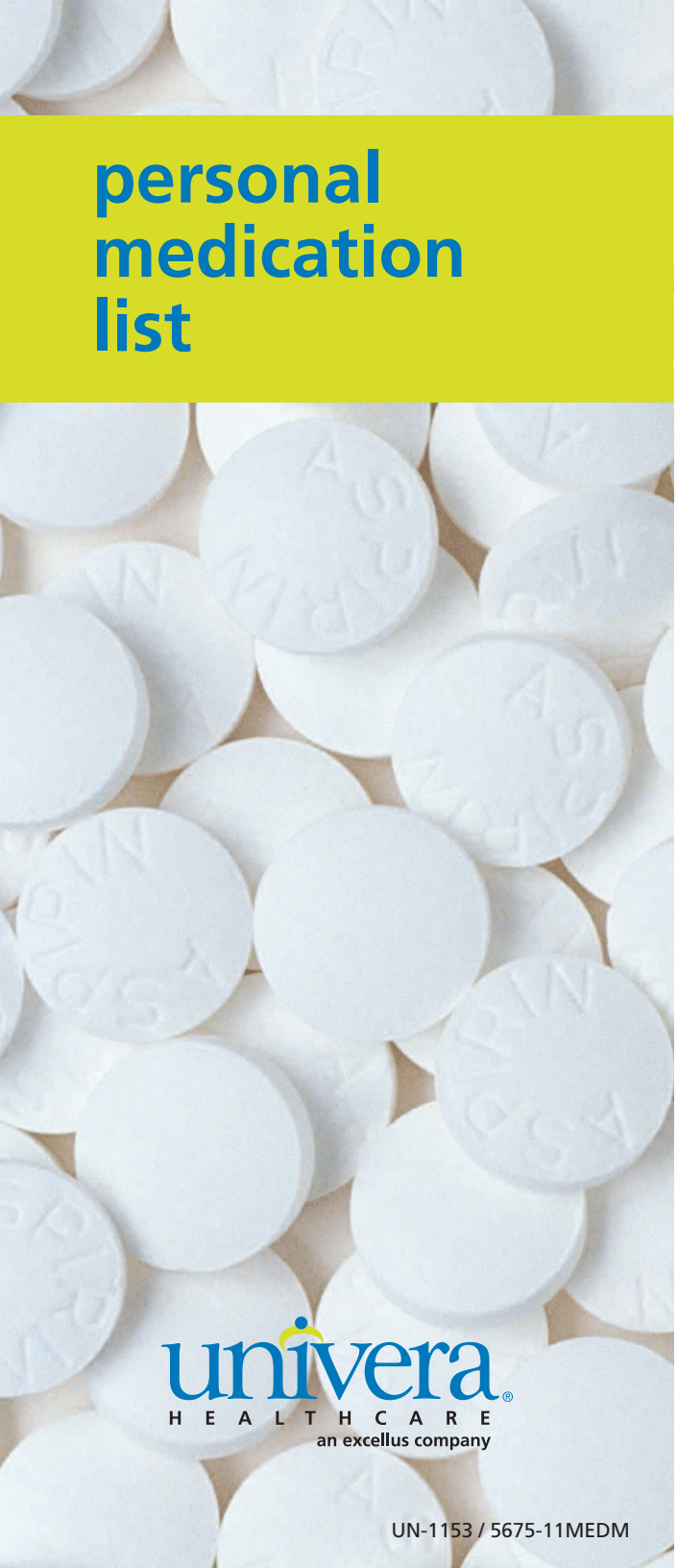

personal medication list

univera HEALTHCARE
an excellus company

UN-1153 / 5675-11MEDM

general information:

name: _____

insurance ID #: _____

date of birth: _____

telephone number (including area code): _____

I would like to (select one): ☐ talk to a pharmacist by phone

☐ have written recommendations mailed to me

physician name: _____

physician's address: _____

_____

physician's telephone number: _____

known drug allergies: _____

_____

do you have any other prescription drug coverage (i.e., EPIC)? ☐ yes ☐ no

medication questions:

are you having trouble affording your medications? ☐ yes ☐ no

are you experiencing any side effects? ☐ yes ☐ no

if yes, please describe:

do you have any other medication related concerns (be as specific as possible):

_____

_____

health and wellness questions:

are you a smoker? ☐ yes ☐ no ☐ I quit already

do you get regular physical activity (30 minutes at least five times a week)? ☐ yes ☐ no ☐ sometimes

do you incorporate healthy eating into your lifestyle along with medications to manage your disease? ☐ yes ☐ no ☐ sometimes

please include ALL medications you are taking, including prescription, nonprescription, vitamins and herbals.

medication name and strength (brand or generic name)	directions	time(s) taken	purpose of medication	name of prescribing doctor
example: Mevacor or (lovastatin) 20 mg	*one tablet daily*	*6 pm*	*high cholesterol*	*Dr. Jones*