Palmetto Family Pharmacy

Medical Questionnaire

Patient Name_____Birthdate_____

Are you currently under a physician's care for any medical condition? Yes No If yes, please explain. _____
_____

Do you have any allergies? Yes No If yes, please list all including medications, foods, metals, and/or other substances.
_____
_____

Please list all medications that you are currently taking including prescriptions, over the counter drugs, vitamins, and/or supplements.
_____
_____

Is there any other pertinent information pertaining to your health that we should be aware of?

_____

_____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the pharmacist of any changes in medical status.

Signature: _____ Date: _____