

# RXPERT USA

## Patient Confidential Information

*Please fill in all blanks....*

Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Phone: (day) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (night) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Health Conditions (Diagnosis) listed in your health record by your doctor:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

### List the health problems that you think you have and are not listed by your doctor:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

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9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

### Primary Physician:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Approximate date of last visit to the doctor: \_\_\_\_\_

Reason for the visit:

\_\_\_\_\_

### List other doctors you see:

1. \_\_\_\_\_

What reason? \_\_\_\_\_

Outcome of visit: \_\_\_\_\_

2. \_\_\_\_\_

What reason? \_\_\_\_\_

Outcome of visit: \_\_\_\_\_

3. \_\_\_\_\_

What reason? \_\_\_\_\_

Outcome of visit: \_\_\_\_\_

4. \_\_\_\_\_

What reason? \_\_\_\_\_

Outcome of visit: \_\_\_\_\_

5. \_\_\_\_\_

What reason? \_\_\_\_\_

Outcome of visit: \_\_\_\_\_

6. \_\_\_\_\_

What reason? \_\_\_\_\_

Outcome of visit: \_\_\_\_\_

## Patient Confidential Information

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### Primary Pharmacy used:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Please list drug allergies below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### Allergies not related to drugs:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_