Good Value Pharmacy
Medcare West
9916 75th St. Suite 103
Kenosha, WI 53142
1-262-925-0201
Fax# 925-0202

Name: ____

Facility: ____

Date of Birth: ____________________ SEX: male female (circle one)

DRUG ALLERGIES AND DRUG REACTONS

(Check all that apply)

DRUG	REACTION	DRUG	REACTION
__No Known Allergies	__________	__Aspirin	___________
__Penicillin	__________	__Anesthetics	___________
__Cephalosporin	__________	__Codeine	___________
__Sulfa Drugs	__________	__Meperidine	___________
__Erythromycin	__________	__Morphine	___________
__Tetracycline	__________	__Other ___________	

*type of reaction: R =rash DB=difficulty breathing SU=stomach upset

CURRENT MEDICAL CONDITIONS

__No Chronic Medical Conditions

__Asthma (493.9)

__Blood Clotting Disorder

__Headaches/Migraines

__Insulin Dependent Diabetes (250.01)

__Non-Insulin Dependent Diabetes (250.00)

__High Blood Pressure

__High Cholesterol

__Other:____

I acknowledge that I have received a copy of Good Value Pharmacy's Notice of Privacy Practices. This notice contains information regarding Good Value Pharmacy's use and disclosure of my personal health information. Since health information may change periodically, I will try to notify the pharmacist of any new medications, new allergies, drug reactions, or health condition changes.

____ ______________

Signature of patient/guardian/POA Date