

**Good Value Pharmacy LTC**  
**9916 75<sup>th</sup> St. Suite 203**  
**Kenosha, WI 53142**  
**(P)1-262-925-0201**  
**(F)1-262-925-0202**

Name: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SEX: male female (circle one)

**DRUG ALLERGIES AND DRUG REACTONS**

(Check all that apply)

<b>DRUG</b>	<b>REACTION</b>	<b>DRUG</b>	<b>REACTION</b>
<input type="checkbox"/> No Known Allergies	_____	<input type="checkbox"/> Aspirin	_____
<input type="checkbox"/> Penicillin	_____	<input type="checkbox"/> Anesthetics	_____
<input type="checkbox"/> Cephalosporin	_____	<input type="checkbox"/> Codeine	_____
<input type="checkbox"/> Sulfa Drugs	_____	<input type="checkbox"/> Meperidine	_____
<input type="checkbox"/> Erythromycin	_____	<input type="checkbox"/> Morphine	_____
<input type="checkbox"/> Tetracycline	_____	<input type="checkbox"/> Statin	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CURRENT MEDICAL CONDITIONS**

<input type="checkbox"/> No Chronic Medical Conditions <input type="checkbox"/> Asthma (J45.909) <input type="checkbox"/> Blood Clotting Disorder (D68.9) <input type="checkbox"/> Headaches/Migraines (G43.901) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Insulin Dependent Diabetes (E10.9) <input type="checkbox"/> Non-Insulin Dependent Diabetes (E11.9) <input type="checkbox"/> High Blood Pressure (I.10) <input type="checkbox"/> High Cholesterol (E78.0)
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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