

Applicant's Social Security or ID No.
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Prescription Medications – List all medications taken within the last 12 months by any family member listed on this application.

Family Member	Medication/Dosage/Frequency (i.e., Lopressor/100mg/daily)	Illness for which Medication is Prescribed	Date Prescribed (Mo/Day/Yr)	Date Discontinued (Mo/Day/Yr)	Name, Phone No. of Physician or Hospital
					Name: _____ Phone: _____
					Name: _____ Phone: _____
					Name: _____ Phone: _____

Prescription Medications

Give COMPLETE details in all sections below of any "Yes" answers to the questions in Section 6A.

Question #	Name of Family Member (As identified on Physician's Record)		Name of Hospital, Clinic and/or Person Providing Care			Phone No. ()
Date of Onset/Treatment (Month/Year)	Date Ended	<input type="checkbox"/> Still under treatment	Physician Specialty <input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Pediatric <input type="checkbox"/> Family	<input type="checkbox"/> Cardiac <input type="checkbox"/> Other _____	
Name of Condition/Illness			Address			Suite No.
Treatment Rendered (i.e., X-ray, lab, surgical procedure, etc.) / Results			City / State / ZIP Code		Fax No. (Optional) ()	

Question #	Name of Family Member (As identified on Physician's Record)		Name of Hospital, Clinic and/or Person Providing Care			Phone No. ()
Date of Onset/Treatment (Month/Year)	Date Ended	<input type="checkbox"/> Still under treatment	Physician Specialty <input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Pediatric <input type="checkbox"/> Family	<input type="checkbox"/> Cardiac <input type="checkbox"/> Other _____	
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Name of Condition/Illness			Address			Suite No.
Treatment Rendered (i.e., X-ray, lab, surgical procedure, etc.) / Results			City / State / ZIP Code		Fax No. (Optional) ()	

Signatures (Required) – IMPORTANT: All applicants over age 18 must sign and date.

Applicant/Parent or Legal Guardian	Today's Date	Applicant's Spouse	Today's Date
Applicant/Parent or Legal Guardian	Today's Date	Applicant's Spouse	Today's Date
Applicant/Parent or Legal Guardian	Today's Date	Applicant's Spouse	Today's Date

