Akron Pharmacy: Supplemental Patient Information

Name _____DOB_____

Allergies	Description of Reaction

Tobacco Use O Yes (_____#cig/day)

Medical Conditions (circle those that apply)

Cardiovascular • Hypertension (high blood pressure) • Heart attack (myocardial infarction) • Heart failure • Irregular heartbeat (arrhythmia, atrial fibrillation) • Stroke / TIA • High cholesterol	**Respiratory** • Asthma • COPD (emphysema /chronic bronchitis) • Sleep apnea **Metabolic** • Diabetes (Type 1 or Type 2) • Thyroid disease • Obesity • Osteoporosis	**Gastrointestinal** • Acid reflux /GERD • Irritable bowel syndrome (IBS) • Inflammatory bowel disease • Liver disease Renal • Chronic kidney disease • Prostate disease • Incontinence
Mental Health • Anxiety disorder • Depression • Bipolar disorder • Schizophrenia • Substance use disorder	**Musculoskeletal** • Arthritis • Chronic back pain • Gout • Fibromyalgia	**Neurologic** • Migraine • Epilepsy • Parkinson's disease • Multiple sclerosis • Dementia • Chronic pain • Sleep disorders

Medications/Vitamins/Supplements
