Please print and use this Draft Form as a guide for the MEDIQWK online enrollment form.

First Nm: _____

Middle Nm: _____

Last Nm: _____

Street Address:_____

City: _____

State: __ - __; ZIP: __ - __ - __ - __ - __

Hm. Phn: (__ __ __) __ __ __ - __ __ __ __

Wrk. Phn: (__ __ __) __ __ __ - __ __ __ __

1st Call: (__ __ __) __ __ __ - __ __ __ __

Key
Contact: _____

Relation: _____

Dr's. Lic. #: _____

State: __ __ Height: __ - __ Wt.: _____

Birth Date mm-dd-yy: __ __ - __ __ - __ __

Gender: ( ) Male, ( ) Female

Race: _____ Eye Color: _____

Contacts: ( ) Y, ( ) N, Blood Type: _____

Give Bld.? ( ) Y, ( ) N;

Rec. Bld.? ( ) Y, ( ) N

Organ Donor? ( )Y, ( )N

Routine Prescription Medications:
( ) Prednisone ( ) Oral Steroids
( ) Anti Cancer Drugs ( ) Antiviral medications
( ) Gamma globulin ( ) Radiation Therapy
( ) Recent Transfusion

Others: _____

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Routine Non-Pres. Meds/Herbs/Vitamins:

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ALLERGIC / DRUG REACTIONS:
( ) Unknown ( ) Aspirin
( ) Cephalosporins (ex. Ceclor, Keflex)
( ) Codeine ( ) Erythromycin
( ) Iodine ( ) Penicillins
( ) Sulfa Drugs ( ) Tetracyclines
( ) Xanathines (ex. Theophylline)
( ) Latex

Others: _____

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CURRENT HEALTH STATUS:
( ) Angina ( ) Diabetes
( ) Anemia ( ) Heart Conditions
( ) Arthritis ( ) Kidney Disease
( ) Asthma ( ) Liver Disease
( ) Blood Clotting ( ) Lung Disease
( )Hi, ( )Lo Bld. Pres. ( ) Parkinson Dis.
( ) Cancer ( ) Ulcers
( ) Shingles ( ) Leukemia
( ) Smoker

Others: _____

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VACCINES:
( ) MMR, ( ) Tetanus, ( ) Pneumonia
( ) Shingles, ( ) Flu

Others: _____

_____

HEALTH INS.: _____

Phone #: (__ __ __) __ __ __ - __ __ __ __

Member #: _____

MEDICARE #: _____

DENTAL INS.: _____

Phone #: (__ __ __) __ __ __ - __ __ __ __

Member #: _____

Other: _____

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PRIMARY PHYSICIAN:

_____

Office Phn. #: (__ __ __) __ __ __ - __ __ __ __

Patient #: _____

Street: _____

City: _____

State: __ - __; Zip: __ - __ - __ - __- __

DENTIST:

_____

Office Phn. #: (__ __ __) __ __ __ - __ __ __ __

Patient #: _____

Street: _____

City: _____

State: __ - __; Zip: __ - __ - __ - __ - __

Other: _____

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Preferred Hospital:

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---------- SPECIAL NOTES ----------

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TO PAY BY CREDIT CARD:

Log into mediqwk.com and use the **Pay Pal credit card option when you enroll**.