



POLIKLINISCHE APOTHEEK

F 2011.1.1 Intake form

Hoort bij procedure Recept afhandeling

Allergy / Hypersensitivity to the following drug (s):

Complaints or Illnesses	Condition	
Asthma	Asthma	YES / NO
Heart weakness	Cardiac failure	YES / NO
Gluten sensitivity	Celiac	YES / NO
Cirrhosis of the liver	Cirrhosis of the liver	YES / NO
COPD	COPD	YES / NO
Brain hemorrhage or stroke/TIA	CVA	YES / NO
Mood disorder	Depression	YES / NO
Diabetes	Diabetes mellitus	YES / NO
Epilepsy	Epilepsy	YES / NO
Stomach ulcer	Gastric Ulcer	YES / NO
Pressure in the eye	Glaucoma	YES / NO
Gout	Gout	YES / NO
High blood pressure	Hypertension	YES / NO
Crohn's disease, colitis ulcerosa	Inflammatory bowel disease	YES / NO
Cardiac attack, angina pectoris	Ischemic heart disease	YES / NO
Kidney disease	Kidney disease	YES / NO
Long QT-interval Syndrome	Long QT-interval Syndrome	YES / NO
Parkinson's disease	Parkinson's disease	YES / NO
Peptic ulcer	Peptic ulcer	YES / NO
Psoriasis	Psoriasis	YES / NO
Respiratory arrest during sleep	Sleep apnea	YES / NO
Thyroid disorder	Thyroid disorder	YES / NO

Other comments and questions:

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Signature:

Date:

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