Rx³ Compounding Pharmacy
Quality Reliability Integrity Excellence

Phone: 804-717-5000 • Toll Free: 888-384-5470

Chester • Fax: 804-717-8300
12230 Ironbridge Rd., Ste C • Chester VA 23831

Short Pump • Fax: 804-269-4304
11934 West Broad St. • Henrico VA 23233

Return Visit Questionnaire

Last Name:_____ First Name:_____

Phone Number that I may contact you at: _____

Email address that I may contact you at: _____

Present Health Concerns

Please list most important health concerns in their order of significance.	Prior Diagnoses of this problem. If so, what?

What goals do you have for your visit today? _____

Please list any severe or life-threatening allergies: _____
Explain: _____

Please list prescription & over-the-counter medications that you are currently taking, with dosages (if known):

1._____ 2._____ 3._____
4._____ 5._____ 6._____
7._____ 8._____ 9._____

List vitamins, minerals, herbs, homeopathic remedies that you are currently taking, with dosages:

1._____ 2._____ 3._____
4._____ 5._____ 6._____
7._____ 8._____ 9._____

Please list any other concerns or questions you would like to address during our visit: