YOUR HEALTH PHARMACY

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Pompano Beach FL, 33062
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Phone (866) 478-3761
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Patient Assessment Request (PAR)

Patient Name:	Date of Birth:
Address:	City:
State:	Zip:
Phone:	Email:

Allergies: ☐ NKDA (no known drug allergies) ☐ Aspirin/ NSAID's ☐ Cyclobenzaprine ☐ Lidocaine / Local Anesthetic ☐ Tramadol ☐ Opioid ☐ Gabapentin ☐ Penicillin ☐ Amitriptyline ☐ Other:

TYPE OF INFECTION

☐ Nasal ☐ Wound ☐ Nail Focused (Includes Penetrant)

☐ Lung ☐ Skin Infection ☐ Oral (Rinse/Wash)

☐ Thick-Scaly Skin (Urea Usage) ☐ Otic-Ear Drum Perforation? ☐ Yes ☐ No ☐ Unknown

☐ Dermatitis Diagnosis and/or Condition: ☐ Cellulitis ☐ Psoriasis ☐ Eczema ☐ Other

☐ Other:

PRESCRIBERS DESIRED MEDICATIONS (CHECK ALL APPLICABLE)

Antibiotic Coverage ☐ Broad Spectrum ☐ Gram Negative ☐ Gram Positive

☐ Antifungal ☐ Steroid ☐ Acetylcysteine ☐ Azelastine

DESCRIPTION OF WOUND IF APPLICABLE

☐ Wet ☐ Dry ☐ Optional Location: Size:

Desired Treatment Option: ☐ RPh Suggestion/No Preperence ☐ Powder ☐ Gel ☐ Spray

☐ Pain at Infecting Site ☐ Collagence Infection

TREATMENT GOAL(S)

☐ Eredicate Infection ☐ Reduce Pain ☐ Reduce Inflamation

☐ Other:

****If Available, Please Include ALL Patients Demographics, Clinic Notes and Organism Identification****

Additional Information:

Physician Name:	
Address:	City:
State:	Zip:
Phone:	Fax:
DEA:	NPI:

FDA does not review any compounded medication for safety/efficacy. CMPD refers to a compounded med.