

Can you benefit from Pharmacogenomic (PGx) Testing?

Did You Know....

your medicine might not stay in your body as long as it should?

Did You Know....

you might be passing your pain meds to your nursing baby?

Did You Know....

antidepressants can affect your heart?

Did You Know....

tamoxifen isn't right for every breast cancer patient?

Did You Know...

some anti-cholesterol meds can cause muscle pain and interfere with other meds?

Talk to Dr about PGx Testing!!!



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Pharmacogenomics (PGx) Questionnaire

Patient Name: _____ Date of Birth: _____

Gender (circle one): Male or Female Ethnicity: _____ Date: _____

Email Address: _____ Telephone: _____

If you answer “Yes” to any of the questions below, then you may benefit from Pharmacogenomic testing. Complete this questionnaire for discussion with your health care provider.

- | | |
|---|------------------|
| <i>1: Have you recently discussed your current medicines with your provider?</i> | <i>Yes or No</i> |
| <i>2: Do you take medicine for depression, anxiety, bipolar disorder or similar?</i> | <i>Yes or No</i> |
| <i>3: Do you take medicine to control your cholesterol or to prevent blood clots?</i> | <i>Yes or No</i> |
| <i>4: Do you take medicine for alcohol or opioid addiction?</i> | <i>Yes or No</i> |
| <i>5: Do you take tamoxifen or other anti-cancer medicine?</i> | <i>Yes or No</i> |
| <i>6: Do you take medicine for inflammation or arthritis?</i> | <i>Yes or No</i> |
| <i>7: Does your child take medicine to help with their attention?</i> | <i>Yes or No</i> |
| <i>8: Have you ever wondered if a different medicine might be better, or have fewer side-effects?</i> | <i>Yes or No</i> |
| <i>9: Have you ever had to buy new medicine because the first wasn't working or had side-effects?</i> | <i>Yes or No</i> |
| <i>10: Do members of your family have problems with the same, or similar, medicines?</i> | <i>Yes or No</i> |
| <i>11: Has your provider ever struggled to find the right dose for you?</i> | <i>Yes or No</i> |
| <i>12: Would you be interested in having a simple test that can help personalize your medicine?</i> | <i>Yes or No</i> |

Which medicines are you taking?

Include ones you get from other providers, and ones you buy over-the-counter:



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