Nebraska Mental Health Board Prescription Assistance Program ("LB 95" Program)

General Health Information Sheet

Please fill out this sheet and fax it to the Lincoln Regional Center Financial Responsibility Office (402) 742-1153, along with the Financial Questionnaire.

This will help the pharmacists supplying your medications to check for allergies and possible drug interactions.

_____Today's date_____

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers		
Name of the Drug	Strength	How many times per day?
Allergies to medications		
Name of the Drug	Reaction You Had	
List any medical problems that other doctors have diagnosed		