

Medications CRF

Patient ID: _____ DOB: _____

Keys: Use the corresponding number codes to complete the log below							
Medication Name ¹ 1 = 2 =				Frequency ² QD – Daily / BID - Twice Daily / TID – 3x per day/ QID – 4x per day / QOD– Every other day / QM – Every Month / PRN – As Needed UNK - Unknown			
Dosage Form ³ 1 = Tablet / 2 = Capsule / 3 = Ointment / 4 = Suppository / 5 = Aerosol / 6 = Spray / 7 = Suspension / 8 = Patch / 9 = Gas / 10 = Cream / 11 = Powder/ 12 = unknown				Route ⁴ 1 = Oral / 2 = Topical / 3 = Subcutaneous / 4 = Transdermal / 5 = Intraocular / 6 = intramuscular / 7 = respiratory / 8 = intralesion / 9 = intraperitoneal / 10 = nasal/ 11 = Unknown			
Medication Name ¹	Dose / Unit	Frequency ²	Dosage Form ³	Route ⁴	Start Date (if unknown, enter earliest known date)	Ongoing	Stop Date (if not ongoing)
	Dose _____ Unit _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Dose _____ Unit _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Dose _____ Unit _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Dose _____ Unit _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Dose _____ Unit _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Dose _____ Unit _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	