**Collected at:** ❑ Baseline Initial:\_\_\_\_ Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_

**Subject Initials Subject ID#** ❑ 3 Months Initial:\_\_\_\_ Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_

❑ 6 Months Initial:\_\_\_\_ Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_

❑ 12 Months Initial:\_\_\_\_ Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_

*Are you currently taking any medications (prescription, over the counter, vitamins, minerals, supplements)?*

**Medication Log**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Medication | Indication | Dose (per admin) | Dose Units1 | Schedule/ Frequency2 | Dose Form3 | Route of Administration4 | Start Date | End Date | Prescribing Physician |
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| **Dose Units1** | **Schedule (frequency)2** | | **Dose Form3** | | **Route of Administration4** | |
| 1 - g (gram) | 1 - QD (once a day) | 7 - QOM (every other mo) | 1 - Tablet | 9 - Gas | 1 - Oral | 8 - Inhalation |
| 2 - mg (milligram) | 2 - BID (twice a day) | 8 - QH (every hour) | 2 - Capsule | 10 - Gel | 2 - Topical | 9 - Intravenous |
| 3 - µg (microgram) | 3 - TID (three times a day) | 9 - AC (before meals) | 3 - Ointment | 11 - Cream | 3 - Subcutaneous | 10 - Intraperitoneal |
| 4 - L (liter) | 4 - QID (four times a day) | 10 - PC (after meals) | 4 - Suppository | 12 - Powder | 4 - Intradermal | 11 - Nasal |
| 5 - mL (milliliter) | 5 - QOD (every other day) | 11 - PRN (as needed) | 5 - Aerosol | 13 - Implant | 5 - Transdermal | 12 - Vaginal |
| 6 - IU (International Unit) | 6 - QM (every month) | 12 - Other | 6 - Spray | 14 - Chewable | 6 - Intraocular | 13 - Rectal |
| 7 - Other |  |  | 7 - Suspension | 15 - Liquid | 7 - Intramuscular | 14 - Other |
|  |  |  | 8 - Patch | 99 - Other |  |  |