Medication Form

Please complete the survey below. Thank you!

Medication Form	
Does your child routinely take any medications? This includes prescribed medications, supplements, vitamins, over the counter medications, etc.	○ Yes ○ No
Meds or No Meds	
Are you here today for a psych visit (at Roberts Center) or an imaging visit (at CHOP Buerger center)?	Psych VisitImaging Visit
Medication 1	
Dose	
Reason for taking med	
Side Effects	
	(If there are no side effects, please type out "None")
How long have you been taking med?	
Time of day medication is taken	
Is the medication effective (does it help)?	YesNoDon't Know
Is the medication sedating?	YesNoDon't Know
Is the medication activating (to alertness)?	YesNoDon't Know
Can 1 or 2 doses be missed without risk to health?	YesNoDon't Know
Side effects if dose missed	
	(If there are no side effects, please type out "None")

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10/31/2024 4:26pm

PSYCH VISIT: [par_info_psych_visit] When was the medication last taken?	(Click on the calendar icon to select a date and time.)
IMAGING VISIT: [par_info_meg_date] When was the medication last taken?	(Click on the calendar icon to select a date and time.)
Notes	
Do you take any other medications?	○ Yes ○ No
Medication 2	
Dose	
Reason for taking med	
Side Effects	(If there are no side effects, please type out "None")
How long have you been taking the med?	
Time of day medication is taken	
Is the medication effective (does it help?)	YesNoDon't Know
Is the medication sedating?	○ Yes○ No○ Don't Know
Is the medication activating (to alertness?)	○ Yes○ No○ Don't Know
Can 1 or 2 doses be missed without risk to health?	○ Yes○ No○ Don't Know
Side effects if dose missed	
	(If there are no side effects, please type out "None")

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PSYCH VISIT: [par_info_psych_visit] When was the medication last taken?	(Click on the calendar icon to select a date and time.)
IMAGING VISIT: [par_info_meg_date] When was the medication last taken?	(Click on the calendar icon to select a date and time.)
Notes	
Do you take any other medications?	
Medication 3	
Dose	
Reason for taking med	
Side Effects	(If there are no side effects, please type out "None")
How long have you been taking med?	
Time of day medication is taken	
Is the medication effective (does it help?)	YesNoDon't Know
Is the medication sedating?	○ Yes○ No○ Don't Know
Is the medication activating (to alertness)?	○ Yes○ No○ Don't Know
Can 1 or 2 doses be missed without risk to health?	YesNoDon't Know
Side effects if dose missed	
	(If there are no side effects, please type out "None")

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PSYCH VISIT: [par_info_psych_visit] When was the medication last taken?	(Click on the calendar icon to select a date and time.)
IMAGING VISIT: [par_info_meg_date] When was the medication last taken?	(Click on the calendar icon to select a date and time.)
Notes	
Do you take any other medications?	○ Yes ○ No



Medication 4	
Medication	
Dose	
Reason for taking med	
	
Side Effects	
	(If there are no side effects, please type out
	"None")
How long have you been taking med?	
, ,	
Time of day medication is taken	
•	
Is the medication effective (does it help)?	○ Yes
	NoDon't Know
	O Boil Civilow
Is the medication sedating?	○ Yes○ No
	O Don't Know
Is the medication activating (to alertness)?	○ Yes
is the medication activating (to dierthess):	○ No
	O Don't Know
Can 1 or 2 doses by missed without risk to health?	○ Yes
	○ No○ Don't Know
Side effects if dose missed	
	(If there are no side effects, please type out "None")
	·
PSYCH VISIT: [par_info_psych_visit] When was the medication last taken?	
	(Click on the calendar icon to select a date and time.)
	unic.)
IMAGING VISIT: [par_info_meg_date]When was the medication last taken?	
The diedelon last taken.	(Click on the calendar icon to select a date and
	time.)
Notes	
Do you take any other medications?	○ Yes
	○ No



Medication 5	
Medication	
Dose	
Reason for taking med	
	
Side Effects	
	(If there are no side effects, please type out
	"None")
How long have you been taking med?	
Time of day medication is taken	
Is the medication effective (does it help)?	○ Yes
	○ No○ Don't Know
Is the medication sedating?	○ Yes○ No
	O Don't Know
Is the medication activating (to alertness)?	○ Yes
is the medication detivating (to dieraness).	○ No
	O Don't Know
Can 1 or 2 doses by missed without risk to health?	○ Yes
	○ No○ Don't Know
Side effects if dose missed	
Side effects if dose fillssed	705.1
	(If there are no side effects, please type out "None")
PSYCH VISIT: [par info psych visit]	
PSYCH VISIT: [par_info_psych_visit] When was the medication last taken?	(Click on the calendar icon to select a date and
	time.)
IMAGING VISIT: [par_info_meg_date]	
When was the medication last taken?	(Click on the calendar icon to select a date and
	time.)
Notes	
Do you take any other medications?	○ Yes
	○ No



Medication 6	
Medication	
Dose	
Reason for taking med	
Side Effects	
	(If there are no side effects, please type out
	"None")
How long have you been taking med?	
Time of day medication is taken	
Is the medication effective (does it help)?	○ Yes
	○ No○ Don't Know
Is the medication sedating?	○ Yes ○ No
	O Don't Know
Is the medication activating (to alertness)?	○ Yes
is the medication detivating (to dieraress).	○ No
	O Don't Know
Can 1 or 2 doses by missed without risk to health?	○ Yes
	○ No○ Don't Know
Side effects if dose missed	
Side effects if dose fillssed	705.1
	(If there are no side effects, please type out "None")
PSYCH VISIT: [par info psych visit]	
PSYCH VISIT: [par_info_psych_visit] When was the medication last taken?	(Click on the calendar icon to select a date and
	time.)
IMAGING VISIT: [par_info_meg_date]	
When was the medication last taken?	(Click on the calendar icon to coloct a data and
	(Click on the calendar icon to select a date and time.)
Notes	
Do you take any other medications?	○ Yes
•	○ No



Medication 7	
Medication	
Dose	
Reason for taking med	
	
Side Effects	
	(If there are no side effects, please type out
	"None")
How long have you been taking med?	
Time of day medication is taken	
•	
Is the medication effective (does it help)?	○ Yes
	○ No ○ Don't Know
	O DOIL CKNOW
Is the medication sedating?	
	O Don't Know
Is the medication activating (to alertness)?	○ Yes
is the medication activating (to dierthess):	○ No
	O Don't Know
Can 1 or 2 doses by missed without risk to health?	○ Yes
	○ No○ Don't Know
Side effects if dose missed	
	(If there are no side effects, please type out "None")
	Mone y
PSYCH VISIT: [par_info_psych_visit] When was the medication last taken?	
Then was the meanation last taken	(Click on the calendar icon to select a date and
	time.)
IMAGING VISIT: [par_info_meg_date] When was the medication last taken?	
when was the medication last taken?	(Click on the calendar icon to select a date and
	time.)
Notes	
Do you take any other medications?	○ Yes
	○ No



Medication 8	
Medication	
Dose	
	·
Reason for taking med	
	
Side Effects	
	(If there are no side effects, please type out
	"None")
How long have you been taking med?	
Time of day medication is taken	
•	
Is the medication effective (does it help)?	○ Yes
	○ No○ Don't Know
	O Boil Ckilow
Is the medication sedating?	○ Yes○ No
	O Don't Know
Is the medication activating (to alertness)?	○ Yes
is the medication activating (to dierthess):	○ No
	O Don't Know
Can 1 or 2 doses by missed without risk to health?	○ Yes
	○ No○ Don't Know
Side effects if dose missed	
	(If there are no side effects, please type out "None")
PSYCH VISIT: [par_info_psych_visit] When was the medication last taken?	
Then was the meanation last taken.	(Click on the calendar icon to select a date and
	time.)
IMAGING VISIT: [par_info_meg_date] When was the medication last taken?	
when was the medication last taken?	(Click on the calendar icon to select a date and
	time.)
Notes	
	
Do you take any other medications?	○ Yes
	○ No



Medication 9	
Medication	
Doco	
Dose	
Reason for taking med	
Side Effects	
Side Effects	
	(If there are no side effects, please type out "None")
	None)
How long have you been taking med?	
, ,	
Time of day medication is taken	
Is the medication effective (does it help)?	○ Yes
	○ No○ Don't Know
	O Doil Ckilow
Is the medication sedating?	○ Yes
<u> </u>	○ No
	ODon't Know
Is the medication activating (to alertness)?	○ Yes
	○ No
	O Don't Know
Can 1 or 2 doses by missed without risk to health?	○ Yes
can I of 2 doses by missed without risk to hearth.	○ No
	O Don't Know
Side effects if dose missed	
Side effects if dose missed	<u> </u>
	(If there are no side effects, please type out "None")
	None)
PSYCH VISIT: [par_info_psych_visit]	
When was the medication last taken?	(Click on the calendar icon to select a date and
	time.)
	·
IMAGING VISIT: [par_info_meg_date] When was the medication last taken?	
When was the medication last taken?	(Click on the calendar icon to select a date and
	time.)
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Do you take any other medications?	○ Yes ○ No
Notes	



Medication 10	
Medication	
	
Dose	
	
Reason for taking med	
	
Side Effects	
	(If there are no side effects, please type out "None")
How long have you been taking med?	
Time of day medication is taken	
Is the medication effective (does it help)?	○ Yes
·	NoDon't Know
Is the medication sedating?	
	O Don't Know
Is the medication activating (to alertness)?	○ Yes
-	NoDon't Know
Can 1 or 2 doses by missed without risk to health?	YesNo
	O Don't Know
Side effects if dose missed	
	(If there are no side effects, please type out
	"None")
PSYCH VISIT: [par_info_psych_visit]	
When was the medication last taken?	(Click on the calendar icon to select a date and
	time.)
IMAGING VISIT: [par_info_meg_date] When was the medication last taken?	
When was the medication last taken?	(Click on the calendar icon to select a date and
	time.)
Notes	



Reason for data missing on form?	Not administered
3	•
	○ Invalid
	○ Incomplete
	 Collected but not entered
	Missing
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