

MIDUS PROJECT 4: PRESCRIPTION MEDICATION

Site # _____ ID# _____

of prescription medications? _____

Date _____

Drug code	Drug name and dosage	Route	Frequency	Taken for how long?	Why are you taking it?	Diagnosis code
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					

NON-PRESCRIPTION MEDICATION
(Over the Counter)

Site # _____ ID# _____

of non-prescription medications? _____

Date _____

Drug code	Drug name and dosage	Route	Frequency	Taken for how long?	Why are you taking it?	Diagnosis code
	1. Multiple vitamin Y N					
	2. Calcium Y N					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					

ALTERNATIVE MEDICATIONS (herbal, homeopathic, etc.)

Site # _____ ID# _____

of alternative medications? _____

Date _____

Drug code	Drug name and dosage	Route	Frequency	Taken how long?	Why are you taking it?	Diagnosis code
	1.					
	2.					
	3.					
	4.					

MEDICATION ALLERGIES Does R have any medication allergies? (circle one) Yes No

Drug code	Drug name	Reaction
	1.	
	2.	
	3.	
	4.	