

FORM 9: CONCOMITANT MEDICATION FORM

PATIENT ID#: ___ ___ ___
PATIENT INITIALS: ___ ___ ___

Center: _____
Form completed by: _____

NOTE: Record all prescription AND over-the-counter drugs the subject has taken ANYTIME during study participation, including (but not limited to): Acetaminophen, Ibuprofen, antacids, etc.

A DO NOT WRITE IN SHADED SPACE	B Medication (Use generic names)	C For treatment of AE? 1=Yes 2=No	D Purpose/ Indication	E Route	F Dose	G Units	H Freq.	I. Date added or dosage changed (MM/DD/YYYY)
								J. If 'CONTINUING' check box K. Date discontinued (MM/DD/YYYY)
_____	1.	—		---	_____.	---	---	_____ / _____ / _____ <input type="checkbox"/> CONTINUING _____ / _____ / _____
_____	2.	—		---	_____.	---	---	_____ / _____ / _____ <input type="checkbox"/> CONTINUING _____ / _____ / _____
_____	3.	—		---	_____.	---	---	_____ / _____ / _____ <input type="checkbox"/> CONTINUING _____ / _____ / _____

INSTRUCTIONS FOR COMPLETING CONCOMITANT MEDICATION FORM

- Enter all prescription and over-the-counter drugs taken prior to the study
- Use generic names where possible
- Make a new entry when a dosage or/and frequency change occurs

Route: Use codes provided
If unknown, code **99**

Dose: Specify dose per administration.
If unknown, code **9999.999**

Units: Use codes provided
If unknown, code **UNK**

Frequency: Use codes provided
If unknown, code **99**

Date added or dosage changed:
Enter date medication first taken or when dosage or frequency has changed.

Continuing:
If medication is continuing at study termination, check 'CONTINUING'

Date discontinued:
Complete when a dosage or frequency has stopped and re-enter as a new drug.

CODES					
Route		Units		Frequency	
01	auricular	CAP	capsule	11	QD Daily
02	dermal (transdermal)	DRP	drop	12	QAM every AM
03	intra-articular	GRN	grain	13	QHS bedtime
04	inhalation	GRM	gram	21	BID 2x/day
05	intramuscular	MCC	microcurie	22	Q12h every 12 hrs
06	intranasal	MCG	microgram	31	TID 3x/day
07	intravenous	MCL	microliter	32	Q8h every 8 hrs
08	ocular	MLC	millicurie	41	QID 4x/day
09	oral	MLG	milligram	42	Q6h every 6 hrs
10	rectal	MLL	milliliter	61	Q4h every 4 hrs
11	subcutaneous	OTH	other	81	Q3h every 3 hrs
12	sublingual	OZS	ounce	91	QOD every other day
13	vaginal	PUF	puff	92	PRN as needed
14	other	SPY	spray/squirt	93	Other
99	unknown	SUP	suppository	99	Unkown
		TBL	tablespoon		
		TAB	tablet		
		TSP	teaspoon		
		UNK	unknown		