

# FORM K: PRIOR MEDICATION FORM

PAGE \_\_\_\_ OF \_\_\_\_

PATIENT ID#: \_\_\_\_

PATIENT INITIALS: \_\_\_\_

Center: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Date assessment completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

List medications patient is on at the start of study.

A DO NOT WRITE IN SHADED SPACE	B Medication  (Use generic names)	C Purpose/ Indication	D Route	E Dose	F Units	G Freq.	H. Date added or dosage changed (MM/DD/YYYY)
							I. If 'CONTINUING' check box J. Date discontinued (MM/DD/YYYY)
_____	1.		____	_____	_____	____	____/____/____
							<input type="checkbox"/> CONTINUING
							____/____/____
_____	2.		____	_____	_____	____	____/____/____
							<input type="checkbox"/> CONTINUING
							____/____/____
_____	3.		____	_____	_____	____	____/____/____
							<input type="checkbox"/> CONTINUING
							____/____/____
_____	4.		____	_____	_____	____	____/____/____
							<input type="checkbox"/> CONTINUING
							____/____/____

## INSTRUCTIONS FOR COMPLETING PRIOR 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						