

Medical History – Prescription and Non-Prescription Medications

OMB NO=0925-0216 12/31/2007

Copy the name of medicine, the strength including units, and the total number of doses per day/week/month. Include pills, skin patches, eye drops, creams, salves, injections. . Include herbal, alternative, and soy-based preparations.

	Medication bottles/packs used by examiner to record medications?	0 = No, 1 = Yes
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\*\*\*List medications taken regularly in past month/ongoing medications\*\*\*

Medication Name (Print first 20 letters)																Strength (include mg, IU, etc)	Number per (day/week/month) (circle one)		Prn (0 = no, 1 = yes, 9 = unkn)
Example	S	A	M	P	L	E	D	R	U	G	N	A	M	E	100 / mg	1	(D)WM	0	
															medstren	mednum	medper	medprn	
															/		DWM		
															/		DWM		
															/		DWM		
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Continue on the next page →

**Medical History—Prescription and Non-Prescription Medications**  
**Continue from screen 3.**

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																	DWM	
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