

**ACT Baseline Medications Form**

Clinic Use Only

ID       **NEWID** Acrostic

Date Completed   /   /   **VISIT** Completed by   (Staff code)

If participant does not take any medications on a regular basis, check here:  **MEDREG**

MEDICATION NAME	DOSE	TIMES PER DAY	ANTI-HYPERTENSIVE	LIPID-LOWERING	HYPOGLYCEMIC	ESTROGEN
1.	<b>DOSAGE</b>	<b>TIMESDAY</b>	<b>ANTIHYPE</b>	<b>LIPIDLOW</b>	<b>HYPOGLYC</b>	<b>ESTROGEN</b>
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Any **EXCLUSIONARY** MEDICATIONS? 1  Yes 2  No **EXCLUDED**

**ACT Follow-up Medications Form**

Clinic Use Only

ID       **NEWID** Acrostic

Date Completed   /   /   **VISIT** Completed by   (Staff code)

**MEDREG**

If participant does not take *any* medications on a regular basis, check here:

MEDICATION NAME	DOSE	TIMES PER DAY	ANTI-HYPERTENSIVE	LIPID-LOWERING	HYPOGLYCEMIC	ESTROGEN
1.	<b>DOSAGE</b>	<b>TIMESDAY</b>	<b>ANTIHYPE</b>	<b>LIPIDLOW</b>	<b>HYPOGLYC</b>	<b>ESTROGEN</b>
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						