

Offspring Exam 9 and Omni 1 Exam 4 Medications

DATASET NAME for page MD03-MD04: vr_meds_ex09_1b_0879d

Medical History – Prescription and Non-Prescription Medications

Copy the name of medicine, the strength including units, and the total number of doses per day/week/month/year. Include vitamins and minerals.

<input type="checkbox"/>	Medication bag with medications or bottles/packs brought to exam? (0=No 1=Yes) MEDBAG	**List medications taken regularly in past month/ongoing medications** Code <u>ASPIRIN ONLY on screen MD02.</u>
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<input type="checkbox"/>	Check if NO medication taken NOMEDS
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Medication Name (Print first 20 letters)	Strength (include mg, IU, etc)	Route 1= oral, 2=topical, 3=injection, 4=inhaled, 5=drops,6=nasal 88=other	Number per (circle one)		PRN 0=no, 1=yes,9=Unk.	Check if OTC med
			#	day/week/month/year 1 / 2 / 3 / 4		
EXAMPLE: S A M P L E D R U G N A M E	100 mg	1	1	D W M Y	0	<input type="checkbox"/>
MEDNAME	MEDSTREN	ROUTE	MEDNUM	MEDPER	MEDPRN	MED OTC
				D W M Y		<input type="checkbox"/>
				D W M Y		<input type="checkbox"/>

