DAC Study Form 324 - Baseline Medication Form

This form should be entered at the baseline visit to record all medications the patient is currently taking.

1.   Patient Identification Number..__ __ __ __ __ __

2.   Patient Name Code ....__ __ __ __

3.   a. Visit Type…………….... .... <u>B</u>

      b. Visit Number...__ __

      c. Visit Sequence Number ....__ __

4.   Visit Date .... __ __/__ __/__ __ __ __

5.   For aspirin, or enteric coated aspirin, how many per week? ....__ __
       (enter 2 if 2 per week; 7 if one per day; 14 if two per day, etc.)

For GRAFT STUDY:
For <u>aspirin</u>, or enteric coated aspirin, (ecotrin, aspirin), make sure the dose is correct. For other drugs, accurate dose data are not needed.

6.   Medication record: You will be able to enter as many medications as you need.

If the patient is on any type of INSULIN, click on brand and enter "Humulin 50/50", and the correct DAC code will appear.

Medication Code* (from Code List)	Medication Name	Is this a PRN medication? (Code 0=no, 1=yes)	Is this drug given during the dialysis treatment? (Code 0=no, 1=yes)

*Changed as of 7/1/05

201.   User ID of person completing this form ....__ __ __ __ __ __ __ __

Clinical Center Use Only

    Date Form Entered __ __/__ __/__ __ __ __

    Person Entering this Form_____

324.1