

Current Medication Form

This form should be completed as part of the Medical History and Physical Examination on Proband/Relatives.

A. IDENTIFYING INFORMATION

1. Clinic Number:	Clinic	4. Proband/Relative's Initials:	Relinit
	__ __ __		__ F __ M __ L
2. Family ID Number:	Family	5. Date Form Completed:	Bkcompdt
	__ __ __ __ __		__ / __ / __
			Month Day Year
3. Proband/Relative Code:	Relcode	6. Certification Number:	Bkcert
	__ __		__ __ __. __ __

B. CURRENT MEDICATION

1. Does the proband/relative use aspirin?	Bkaspiri	No (1)	Yes (2)
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If No, go to B.2.

a) Aspirin

1. During the last month has the proband/relative taken any aspirin?	Bkaspir1	(1)	(2)
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If No, go to B.2. If Yes, answer the following:

1. How many days, during the last month, has the proband/relative taken aspirin?	Bkaspir2	__ __ days
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2. How many tablets of aspirin has the proband/relative taken aspirin during the last month?	Bkaspir3	__ __ __ tablets
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b) Does the proband/relative use prescription or non-prescription medications?	Bkmed	No (1)	Yes (2)
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If No, stop here and save and exit the form

2. Does the proband/relative use vitamin and/or mineral supplements on a regular basis?	Bkvit1	No (1)	Yes (2)
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If No, go to B.3. If Yes, answer the following:

a) Does the proband/relative use Vitamin E regularly?	Bkvit2	No (1)	Yes (2)
1. If YES, specify:	Bkvit3	_____	

b) Does the proband/relative use any other vitamin and/or mineral supplement besides Vitamin E on a regular basis?	Bkvit4	No (1)	Yes (2)
1. If YES, specify:	Bkvit5	_____	

If No, stop here and save and exit the form

- | | | | |
|---|---------|-----------|------------|
| | | <u>No</u> | <u>Yes</u> |
| 3. Has the proband/relative taken lipid lowering medications? | Bkclip1 | (1) | (2) |
- (see attached list of medications in section - lipid lowering)

If No, go to B.4.

Bkclip2

- a) If YES, specify name and dose: _____

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|--|----------|-----------|------------|
| b) Does the proband/relative use other prescription or non-prescription medications? | | <u>No</u> | <u>Yes</u> |
| | Bkpmmed2 | (1) | (2) |

If No, stop here and save and exit the form

Bkace1

- | | | | |
|---|--|-----------|------------|
| | | <u>No</u> | <u>Yes</u> |
| 4. Has the proband/relative taken ACE inhibitors?(see attached list of medications in section - ACE inhibitors) | | (1) | (2) |

If No, go to B.5.

Bkace2

- a) If YES, specify name and dose: _____

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|--|--------|-----------|------------|
| b) Does the proband/relative use other prescription or non-prescription medications? | | <u>No</u> | <u>Yes</u> |
| | Bpmed3 | (1) | (2) |

If No, stop here and save and exit the form

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|--|---------|-----------|------------|
| | | <u>No</u> | <u>Yes</u> |
| 5. Has the proband/relative taken antihypertensives regularly? | Bkanth1 | (1) | (2) |

If No, go to B.6. If Yes, answer the following.

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|--------------|---------|-----------|------------|
| | | <u>No</u> | <u>Yes</u> |
| a) Diuretics | Bkanth2 | (1) | (2) |

If Yes, answer each:

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|------------------------|---------|-----|-----|
| 1. Hydrochlorothiazide | Bkanth3 | (1) | (2) |
|------------------------|---------|-----|-----|

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|----------------------------|---------|-----|-----|
| 2. Other thiazide diuretic | Bkanth4 | (1) | (2) |
|----------------------------|---------|-----|-----|

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|---------------------|---------|--|
| a) If YES, specify: | Bkanth5 | |
|---------------------|---------|--|

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|---------------|---------|-----|-----|
| 3. Furosemide | Bkanth6 | (1) | (2) |
|---------------|---------|-----|-----|

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|------------------------|---------|-----|-----|
| 4. Other loop diuretic | Bkanth7 | (1) | (2) |
|------------------------|---------|-----|-----|

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|---------------------|---------|--|
| a) If YES, specify: | Bkanth8 | |
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|---------------|---------|-----|-----|
| 5. Metolazone | Bkanth9 | (1) | (2) |
|---------------|---------|-----|-----|

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| b) Beta blockers | Bkanth10 | (1) | (2) |
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Bkanth11

1. If YES, specify: _____

		<u>No</u>	<u>Yes</u>
c) Labetalol	Bkanth12	(1)	(2)
d) Prazosin-like agents (Minipress, Minizide, Hytrin)	Bkanth13	(1)	(2)
e) Hydralazine (Apresoline, Reserpine, Serpasil)	Bkanth14	(1)	(2)
f) Guanabenz (Wytensin)	Bkanth15	(1)	(2)
g) Clonidine (Catapres)	Bkanth16	(1)	(2)
h) Methyldopa	Bkanth17	(1)	(2)
i) Minoxidil	Bkanth18	(1)	(2)
j) Calcium channel blockers	Bkanth19	(1)	(2)
k) Other	Bkanth20	(1)	(2)

1. If YES, specify: _____ Bkanth21

1) Does the proband/relative use other prescription or non-prescription medications?	Bkpmcd4	<u>No</u> (1)	<u>Yes</u> (2)
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If No, stop here and save and exit the form

		A. Right Eye		B. Left Eye	
		<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>
6. Has the proband/relative used ocular medications which require a prescription?	Bkeyem1	(1)	(2)	Bkeyem2	(1) (2)

If No, go to 7. If Yes, answer the following:

a) Steroid drops	Bkeyer2	(1)	(2)	Bkeyel2	(1)	(2)
b) Glaucoma drops	Bkeyer3	(1)	(2)	Bkeyel3	(1)	(2)
c) Mydriatics	Bkeyer4	(1)	(2)	Bkeyel4	(1)	(2)
d) Other (specify below)	Bkeyer5	(1)	(2)	Bkeyel5	(1)	(2)

1) right eye: _____ Bkeyer6

2) left eye : _____ Bkeyel6

e) Does the proband/relative use other prescription or non-prescription medications? **Bkpmmed5** No Yes
(1) (2)

If No, stop here and save and exit the form

7. Does the proband/relative take oral medication(s) to control their diabetes? (mark all) No Yes

a) Alpha Glucodiase Inhibitors	Bkmed1	(1)	(2)
b) Biquanides	Bkmed2	(1)	(2)
c) Insulin Secretagogues	Bkmed3	(1)	(2)
d) Thiazolidinediones	Bkmed4	(1)	(2)
e) Sulfonylureas	Bkmed5	(1)	(2)
f) Meglitinides	Bkmed6	(1)	(2)
g) Other	Bkmed7	(1)	(2)
1. If YES, specify name and dose: _____	Bkmed8		

8. Has the proband/relative taken any other medication(s) not previously specified? **Bkoth1** No Yes
(1) (2)

a) If YES, specify name and dose: **Bkoth2** _____

Signature of person who completed this form:
