

Entered: __/__/20__ Initials: _____ Verified: __/__/20__ Initials: _____
mm dd yy mm dd yy

Patient ID _____ - _____ - _____ ID
Visit: _____

For office use only.

Medications (MED) –Version 08/28/2006 FORMV

Form Completion Date __/__/20__ MEDDAT
mm dd yy

1. Have you taken a multi-vitamin in the **past 90 days? MVIT**
 0. No 1. Yes (please bring your multi-vitamins to your next LABS visit.)

For Office Use only
Verified by Container?
MVITV

↓
Skip to
Question 2

1.1 What kind of multi-vitamin do you take (*check only one*)? **MVITTYPE**

Adult Child
 Geriatric Prenatal
 Bariatric Specialty Blend None of the above

1.2 Does your multi-vitamin contain minerals? **MVITMINE**

No Yes

1.3 How often do you take a multi-vitamin (*check only one*)? **MVITX**

No longer taking a multivitamin Weekly (1-6 times per week)
 Daily (1 or more times a day) Monthly/Rarely (0-3 times per month)

2. Have you taken any other vitamins or minerals in the **past 90 days** (vitamins other than the multi-vitamins included in question 1)? **OVIT**

0. No 1. Yes (please bring vitamins/minerals to your next LABS visit.)

↓
Skip to 2.1 What kind of kind of vitamins/minerals do you take? (*check yes/no for each*)

Question 3

		Medication (taken by mouth)	If yes, how often do you take it?				<i>For Office Use Only</i> Verified by Container?
			No longer taking	Daily (1 or more times/day)	Weekly (1-6 times/we ek)	Monthly /Rarely (0-3 times/mo)	
<input type="checkbox"/>	<input type="checkbox"/>	Iron IRON	IRONX				IRONV
<input type="checkbox"/>	<input type="checkbox"/>	Folate FOLATE	FOLATEX				FOLATEV
<input type="checkbox"/>	<input type="checkbox"/>	Calcium CALCIUM	CALCIUMX				CALCIUMV
<input type="checkbox"/>	<input type="checkbox"/>	Vitamin D VITD	VITDX				VITDV
<input type="checkbox"/>	<input type="checkbox"/>	Vitamin B12 VITB12	VITB12X				VITB12V

		Medication (injection)	If yes, how often do you take it?				
			Daily (4)	Weekly (5)	Monthly (1)	Every other month (2)	Every 3 months (3)
<input type="checkbox"/>	<input type="checkbox"/>	Vitamin B12 B12INJ	B12INJX				

3. In the **past week**, have you taken any pain medication, prescription or over-the-counter, for your back, hip(s), knee(s) or ankle(s)? (check "no" or "yes" to each):

Specify for which:

	No	Yes	If yes	Specify the number of days taken in the past week:
3.1 Your back PAINBACK	<input type="checkbox"/>	<input type="checkbox"/>	→	_____ PAINBACKD
3.2 Your hip(s) PAINHIP	<input type="checkbox"/>	<input type="checkbox"/>	→	_____ PAINHIPD
3.3 Your knee(s) PAINKNEE	<input type="checkbox"/>	<input type="checkbox"/>	→	_____ PAINKNEED
3.4 Your ankles(s) PAINANKL	<input type="checkbox"/>	<input type="checkbox"/>	→	_____ PANANKLE

4. In the **past week**, have you taken prescription or over-the-counter medication for acid reflux, heartburn or a hiatal hernia? **MEDREFLX** 0. No 1. Yes

If yes,

4.1 Specify the number of **days** you have taken medication in the last week for this: _____
REFLXD

5. In the **past week**, have you taken any low-dose aspirin (such as baby aspirin or one regular strength aspirin tablet) for reasons **other than for pain, such as to prevent heart attack or stroke?** **ASPIRIN** 0. No 1. Yes

If yes,

5.1 Specify the number of **days** taken in the past week: _____ **ASPIRIND**

6. Have you taken any medications in the **past 90 days** that can only be purchased with a prescription from your doctor?
MED

0. No 1. Yes (please bring your prescription medications to your next LABS visit.)

MEDRX datafile contains the below information. Each medication is a separate row/record.

Please print the name (as listed on your medication bottle/container) of each prescription medication that you have taken in the **past 90 days**.

Medication Name MEDNUM MEDNAME	How often do you take it? MEDFREQ					For Office Use Only Verified by Container? MEDV
	No longer taking	Daily (1 or more times/day)	Weekly (1-6 times/week)	Monthly /Rarely (0-3 times/mo)	As Needed	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes