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

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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.)

Skip to Question 2

For Office Use only
Verified by Container?
MVITV

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 Question 3

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

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

No	Yes	Medication (injection)	If yes, how often do you take it?				
			Daily **(4)**	Weekly **(5)**	Monthly **(1)**	Every other month **(2)**	Every 3 months **(3)**
☐	☐	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**	☐	☐	→	_____**PAINBACKD**
3.2 Your hip(s) **PAINHIP**	☐	☐	→	_____ **PAINHIPD**
3.3 Your knee(s) **PAINKNEE**	☐	☐	→	_____ **PAINKNEED**
3.4 Your ankles(s) **PAINANKL**	☐	☐	→	_____ **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.	☐	☐	☐	☐	☐	☐ No ☐ Yes
2.	☐	☐	☐	☐	☐	☐ No ☐ Yes
3.	☐	☐	☐	☐	☐	☐ No ☐ Yes
4.	☐	☐	☐	☐	☐	☐ No ☐ Yes
5.	☐	☐	☐	☐	☐	☐ No ☐ Yes
6.	☐	☐	☐	☐	☐	☐ No ☐ Yes
7.	☐	☐	☐	☐	☐	☐ No ☐ Yes
8.	☐	☐	☐	☐	☐	☐ No ☐ Yes
9.	☐	☐	☐	☐	☐	☐ No ☐ Yes
10.	☐	☐	☐	☐	☐	☐ No ☐ Yes
11.	☐	☐	☐	☐	☐	☐ No ☐ Yes
12.	☐	☐	☐	☐	☐	☐ No ☐ Yes
13.	☐	☐	☐	☐	☐	☐ No ☐ Yes
14.	☐	☐	☐	☐	☐	☐ No ☐ Yes
15.	☐	☐	☐	☐	☐	☐ No ☐ Yes
16.	☐	☐	☐	☐	☐	☐ No ☐ Yes
17.	☐	☐	☐	☐	☐	☐ No ☐ Yes
18.	☐	☐	☐	☐	☐	☐ No ☐ Yes
19.	☐	☐	☐	☐	☐	☐ No ☐ Yes
20.	☐	☐	☐	☐	☐	☐ No ☐ Yes
21.	☐	☐	☐	☐	☐	☐ No ☐ Yes
22.	☐	☐	☐	☐	☐	☐ No ☐ Yes
23.	☐	☐	☐	☐	☐	☐ No ☐ Yes
24.	☐	☐	☐	☐	☐	☐ No ☐ Yes
25.	☐	☐	☐	☐	☐	☐ No ☐ Yes
26.	☐	☐	☐	☐	☐	☐ No ☐ Yes
27.	☐	☐	☐	☐	☐	☐ No ☐ Yes
28.	☐	☐	☐	☐	☐	☐ No ☐ Yes