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 user: **Kathy Lane**   staff id: **30013**   login: **10/27/2010 12:34:37**


## Medication Inventory

PID: 0	Acrostic: 0	Visit:
Date Form Completed: <b>d_form</b>	Administration Type: <b>admin</b>	<input type="button" value=""/>
Reviewed by: <b>comby</b>	Language: <b>language</b>	English <input type="button" value=""/>

### Medication Inventory

- We are interested in the prescription medications you are using. We are particularly interested in medications your doctor prescribed for you and were filled by a pharmacist. These include pills, skin patches, eye drops, creams, salves, and injections. The letter you received about this appointment asked you to bring them to the clinic. Have you brought them with you? Are these all the medications that you took in the last two weeks?**

**mibringem**

- 1 Yes
- 2 No
- 3 Took no meds
- 9 Refused

**Note:** Medication List will not be refreshed until form is saved.

*No drugs have been selected.*

Additional drugs previously entered:  
[none]

Enter drugs that did not appear in the master drug list here. Please enter one medication per field.

- mimed16** 1.
- mimed17** 2.
- mimed18** 3.
- mimed19** 4.
- mimed20** 5.
- mimed21** 6.

mimed22 7.

mimed23 8.

mimed24 9.

mimed25 10.

### Specific Medications

2. Were any of these medications you took during the past two weeks for...

a. High blood pressure?

mihighbp

1 Yes  
2 No  
9 Don't know



b. Angina or chest pain?

michstp

1 Yes  
2 No  
9 Don't know



c. Control of heart rhythm?

mihrrthy

1 Yes  
2 No  
9 Don't know



d. Heart failure?

mihrtfail

1 Yes  
2 No  
9 Don't know



e. Blood thinning?

mibldthn

1 Yes  
2 No  
9 Don't know



f. Stroke?

mistroke

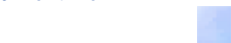
1 Yes  
2 No  
9 Don't know



g. Leg pain on walking?

milegpn

1 Yes  
2 No  
9 Don't know



h. Asthma, emphysema or chronic bronchitis? miasthma

1 Yes  
2 No

9 Don't know

i. Depression? midep

1 Yes  
2 No  
9 Don't know

j. Weight loss? miwgtloss

1 Yes  
2 No  
9 Don't know

k. Eyes? mieyes

1 Yes  
2 No  
9 Don't know

l. Cholesterol lowering? michlower

1 Yes  
2 No  
9 Don't know

m. Lowering blood glucose with insulin? migluclower

1 Yes  
2 No  
9 Don't know

3. During an average week, how often do you take one or more aspirin tablets? (Do not include Tylenol, Ibuprofen or similar drugs)

miaspirin

1 Never or less than 1 day per week  
2 1 or 2 days per week  
3 3-4 days per week (every other day)  
4 5 or 6 days per week  
5 Every day

<<< READ ONLY >>>