



Medication Log

Patient ID: ___ - ___ - ___

Indicate medications taken from 1 month prior to PALF enrollment through 12 month follow-up **or** until the date of transplantation for patients who receive a liver (or bone marrow) transplant: (Include toxins, herbs, mushrooms, OTC meds, vitamins, anesthetics)

Drug/Toxin	Taken during 1 month prior to PALF enrollment	Taken after PALF Enrollment			Total Daily Dose (mg) (Steroids Only)	System ID
		Start date (mm/dd/yy)	Stop date (mm/dd/yy)	Currently Taking*		
	<input type="checkbox"/> Yes, _____ #days <input type="checkbox"/> Unk <input type="checkbox"/> No	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/>		
	<input type="checkbox"/> Yes, _____ #days <input type="checkbox"/> Unk <input type="checkbox"/> No	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/>		
	<input type="checkbox"/> Yes, _____ #days <input type="checkbox"/> Unk <input type="checkbox"/> No	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/>		
	<input type="checkbox"/> Yes, _____ #days <input type="checkbox"/> Unk <input type="checkbox"/> No	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/>		
	<input type="checkbox"/> Yes, _____ #days <input type="checkbox"/> Unk <input type="checkbox"/> No	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/>		
	<input type="checkbox"/> Yes, _____ #days <input type="checkbox"/> Unk <input type="checkbox"/> No	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/>		
	<input type="checkbox"/> Yes, _____ #days <input type="checkbox"/> Unk <input type="checkbox"/> No	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/>		
	<input type="checkbox"/> Yes, _____ #days <input type="checkbox"/> Unk <input type="checkbox"/> No	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/>		
	<input type="checkbox"/> Yes, _____ #days <input type="checkbox"/> Unk <input type="checkbox"/> No	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/>		
	<input type="checkbox"/> Yes, _____ #days <input type="checkbox"/> Unk <input type="checkbox"/> No	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/>		

*If the medication is given until the patient goes to liver (or bone marrow) transplant, check "Currently Taking" for that medication, and leave "Stop date" blank