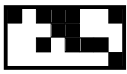


PEDS-C Concurrent Medications

PDC 41
Rev 0
03/04/2005
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Please Use Black Pen To Fill Out Form.

corrfix
Resolution

Week # <i>week</i>	Sequence # <i>seqno</i>	Date of Assessment <i>assessdt</i>	Patient Letter Code <i>letcode</i>	Patient ID <i>idn</i>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
<small>mm</small>		<small>dd</small>		

Instructions

Use this form at all visits after baseline where the patient has taken medications other than those given within the study. Include all pre-dose medications such as Acetaminophen and Diphenhydramine. If you are reporting more than 2 drugs in the same week, use a separate form and sequence number, beginning with 01.

1.A. Drug	CRA Use Only
<input type="text"/>	
B. Type:	<input type="radio"/> Brand <input type="radio"/> Generic <input type="radio"/> Other <i>cdrg1typ</i>
C. Date started:	D. Started Pre-Study?
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <i>cdrg1pstudy</i>
<small>mm</small> / <small>dd</small> / <small>yyyy</small>	
E. Date stopped:	F. Still taking?
<input type="text"/>	<input type="radio"/> <i>cdrg1stak</i>
<small>mm</small> / <small>dd</small> / <small>yyyy</small>	
G. Condition Treated / Indication:	
<input type="text"/>	
<small>cdrg1con</small>	
2.A. Drug	
<input type="text"/>	
B. Type:	<input type="radio"/> Brand <input type="radio"/> Generic <input type="radio"/> Other <i>cdrg2typ</i>
C. Date started:	D. Started Pre-Study?
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <i>cdrg2pstudy</i>
<small>mm</small> / <small>dd</small> / <small>yyyy</small>	
E. Date stopped:	F. Still taking?
<input type="text"/>	<input type="radio"/> <i>cdrg2stak</i>
<small>mm</small> / <small>dd</small> / <small>yyyy</small>	
G. Condition Treated / Indication:	
<input type="text"/>	
<small>cdrg2con</small>	

Signature: _____

Certif. #: _____

<i>staffid1</i>	-	<input type="text"/>
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