Baseline Concomitant Medication Log

[Can be used at baseline when collecting medical history and then at each visit or encounter to id any new or changed meds]

Subject ID _____ Subject Initials _____	Study #_____ Date:_____

List any medications you currently take including over the counter, vitamins, herbal products, etc.

Medication	Prescribed (RX) or Over the Counter (OTC)	Dosage (tsp., tablet)	Strength (mg. mcg, units, mL)	Route (PO, IV, IM, etc.)	Frequency	Date of First Dose mm-dd-year	Date of Last Dose mm-dd-year	Reason (check if due to a new adverse event)
Sample *Ibuprofin*	☐RX ☒OTC	1 tablet	*200 mg*	*PO*	*PRN Twice/day*	*6-1997*	*ongoing*	*Backpain* ☐AE
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