

## **Two Week Medication Usage History**

### **Attachment 14**

#### **2-week Medication Usage History**

## Two Week Medication Usage History

STAFF ID: \_\_ \_\_ \_\_

Please list ALL medications (including prescription drugs, over the counter drugs, dietary supplements (including vitamins), herbal, homeopathic and health food preparations) taken routinely or in the last 2 weeks.

→  Please check this box if patient has not taken any medications in the last 2 weeks.

	Currently taking medication?	Discont'd?	Medication Name	Dosage	Route of Admin.	Dosing Frequency	Reason for taking	Date Last Taken
1	YES NO	YES NO						
2	YES NO	YES NO						
3	YES NO	YES NO						
4	YES NO	YES NO						
5	YES NO	YES NO						
6	YES NO	YES NO						
7	YES NO	YES NO						
8	YES NO	YES NO						
9	YES NO	YES NO						
10	YES NO	YES NO						

## Two Week Medication Usage History

	<b>Currently taking medication?</b>	<b>Discontinued?</b>	<b>Medication Name</b>	<b>Dosage</b>	<b>Route of Administration</b>	<b>Dosing Frequency</b>	<b>Reason for taking</b>	<b>Date Last Taken</b>
11	YES NO	YES NO						
12	YES NO	YES NO						
13	YES NO	YES NO						
14	YES NO	YES NO						
15	YES NO	YES NO						
16	YES NO	YES NO						
17	YES NO	YES NO						
18	YES NO	YES NO						
19	YES NO	YES NO						
20	YES NO	YES NO						

## Two Week Medication Usage History

	Currently taking medication?	Discontinued?	Medication Name	Dosage	Route of Administration	Dosing Frequency	Reason for taking	Date Last Taken
21	YES NO	YES NO						
22	YES NO	YES NO						
23	YES NO	YES NO						
24	YES NO	YES NO						
25	YES NO	YES NO						
26	YES NO	YES NO						
27	YES NO	YES NO						
28	YES NO	YES NO						
29	YES NO	YES NO						
30	YES NO	YES NO						

Abbreviation	Meaning
Qhs	every night at bedtime
bid	twice a day
tid	3x a day
qid	4x a day
qam	every morning
qpm	every evening