# CONCOMITANT MEDICATIONS LOG

*Please use the table below to complete all fields with an asterisk*

|  |  |  |
| --- | --- | --- |
| Unit | Frequency | Route |
| mg = milligram | **OD =** once daily | **PO =** oral | **IC =** intrathecal |
| µg = microgram | **BD =** twice daily | **IV =** intravenous  | **TD =** transdermal |
| ml = millilitre | **TDS =** three times daily | **IM =** intramuscular | **INH =** inhalation |
| g = gram  | **QDS =** four times daily | **SC =** subcutaneous | **OC =** ocular |
| IU = International Unit | **PRN =** as required | **SL =** sublingual | **TOP =** topical |
| Other = specify units | **Other =** specify frequency | **PR =** rectal | **Other =** specify route |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication Name | Indication | Start Date *(DD-MM-YYYY)* | Ongoing? | Stop Date *(DD-MM-YYYY)* | Dose | Unit\* | Frequency\* | Route\* |
|  |  |  / /  | ☐ Yes☐ No |  / / |  |  |  |  |
|  |  |  / / | ☐ Yes☐ No |  / / |  |  |  |  |
|  |  |  / / | ☐ Yes☐ No |  / / |  |  |  |  |
|  |  |  / / | ☐ Yes☐ No |  / / |  |  |  |  |