

ACT Baseline Medications Form

Clinic Use Only

ID **NEWID** Acrostic

Date Completed / / **VISIT** Completed by (Staff code)

If participant does not take any medications on a regular basis, check here: **MEDREG**

MEDICATION NAME	DOSE	TIMES PER DAY	ANTI-HYPERTENSIVE	LIPID-LOWERING	HYPOGLYCEMIC	ESTROGEN
1.	DOSAGE	TIMESDAY	ANTIHYPE	LIPIDLOW	HYPOGLYC	ESTROGEN
2.						
3.						
4.						
5.						
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16.						
17.						
18.						
19.						
20.						

Any **EXCLUSIONARY MEDICATIONS?** 1 Yes 2 No **EXCLUDED**

ACT Follow-up Medications Form

Clinic Use Only

ID **NEWID** Acrostic

Date Completed / / **VISIT** Completed by (Staff code)

MEDREG

If participant does not take *any* medications on a regular basis, check here:

MEDICATION NAME	DOSE	TIMES PER DAY	ANTI-HYPERTENSIVE	LIPID-LOWERING	HYPOGLYCEMIC	ESTROGEN
1.	DOSAGE	TIMESDAY	ANTIHYPE	LIPIDLOW	HYPOGLYC	ESTROGEN
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