

PLEASE PLACE A CHECK MARK IN THE COLUMN IF YOU WISH TO INDICATE A YES TO THE QUESTION	QUESTION
<input type="checkbox"/>	Do you take 5 or more medications daily including Rx, OTC and supplements
<input type="checkbox"/>	Have your medications or their use changed 4 or more times in the last year?
<input type="checkbox"/>	Are you currently taking medications for 3 or more medical conditions?
<input type="checkbox"/>	Do you sometimes forget to take the prescriptions ordered by your doctor?
<input type="checkbox"/>	Do you see more than 1 doctor for your medical care?
<input type="checkbox"/>	Do you take any medication and don't know its side effects?
<input type="checkbox"/>	Do you get your medications at more than 1 pharmacy?
	Do you take or use any of the following medications? This is only a partial list of medications that may cause medication related problems (MRP)
<input type="checkbox"/>	Medication to treat high blood pressure (HBP)?
<input type="checkbox"/>	Medication to strengthen your bones?
<input type="checkbox"/>	Use an inhaler or nebulizer medications?
<input type="checkbox"/>	Use medication for anxiety, depression or other mood stabilizers?
<input type="checkbox"/>	Digoxin (Lanoxin, Lanoicaps)
<input type="checkbox"/>	Furosemide (Lasix)
<input type="checkbox"/>	Lithium (Eskalith)
<input type="checkbox"/>	Metoclopramide (Reglan)
<input type="checkbox"/>	Phenytoin (Dilantin)
<input type="checkbox"/>	Quinidine products
<input type="checkbox"/>	Ranitidine (Zantac)
<input type="checkbox"/>	Omeprazole (Prilosec)
<input type="checkbox"/>	Theophylline products (TheoDur, Theo-24, SloBID, Uniphyll)