PLEASE MARK T OR F TO INDICATE IF THE STATEMENT APPLIES TO YOUR SITUATION	QUESTION
☐	Do you take 5 or more medications daily including Rx, OTC and supplements
☐	Have your medications or their use changed 4 or more times in the last year?
☐	Are you currently taking medications for 3 or more medical conditions?
☐	Do you sometimes forget to take the prescriptions ordered by your doctor?
☐	Do you see more than 1 doctor for your medical care?
☐	Do you take any medication and don't know its side effects?
☐	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)**
☐	Medication to treat high blood pressure (HBP)?
☐	Medication to strengthen your bones?
☐	Use an inhaler or nebulizer medications?
☐	Use medication for anxiety, despression or other mood stabilizers?
☐	Digoxin (Lanoxin, Lanoicaps)
☐	Furosemide (Lasix)
☐	Lithium (Eskalith)
☐	Metoclopramide (Reglan)
☐	Phenytoin (Dilantin)
☐	Quinidine products
☐	Ranitidine (Zantac)
☐	Omeprazole (Prilosec)
☐	Theophylline products (TheoDur, Theo-24, SloBID, Uniphyl