

**Form: Concomitant Medications**

Log Page #: \_\_\_\_\_

Medication name \_\_\_\_\_  
Indication \_\_\_\_\_  
Date started \_\_\_\_\_  
Date stopped \_\_\_\_\_

Or \_\_\_\_\_  
Continuing at final clinic visit

Route \_\_\_\_\_  
Oral   
Intramuscular   
Intravenous   
Topical   
Inhalation   
Vaginal   
Rectal   
Subcutaneous   
Subdermal   
Sublingual   
Intrauterine   
Nasal   
Intraocular   
Other

If "Other", specify: \_\_\_\_\_