# Concomitant Medication Log

**Form:** ☐☐  **Subject #:** ☐☐ - ☐☐☐  **Initials:** ☐☐☐  **Log #:** ☐☐  **Date: (mm-dd-yyyy)** ☐☐ - ☐☐ - ☐☐☐☐

## Instructions

- After each study visit, a photocopy of the Concomitant Medication Form **must** be made and submitted to the data office with the CRFs for the study visit.

- Missing value codes:  X= Unknown    D= Not applicable

| Medication | Indication | Dated Recorded mm/dd/yyyy | Dose Qty | Dose Units | Route | Frequency | Start Date mm/dd/yyyy | Stop Date mm/dd/yyyy |
|---|---|---|---|---|---|---|---|---|
| **1** | | | | | | | Date est. code: ☐  1= Actual date  2= Day estimated | Date est. code: ☐  3=Month estimated  4=Month & day estimated |
| **2** | | | | | | | Date est. code: ☐  1= Actual date  2= Day estimated | Date est. code: ☐  3=Month estimated  4=Month & day estimated |
| **3** | | | | | | | Date est. code: ☐  1= Actual date  2= Day estimated | Date est. code: ☐  3=Month estimated  4=Month & day estimated |
| **4** | | | | | | | Date est. code: ☐  1= Actual date  2= Day estimated | Date est. code: ☐  3=Month estimated  4=Month & day estimated |
| **5** | | | | | | | Date est. code: ☐  1= Actual date  2= Day estimated | Date est. code: ☐  3=Month estimated  4=Month & day estimated |

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**Treating Neurologist Signature**

**Initials** ☐☐☐

**Date: (mm-dd-yyyy)** ☐☐ - ☐☐ - ☐☐☐☐