OHIO PHYSICIANS HEALTH PROGRAM

Participant

SHORT TERM MEDICATION LOG

This form is to be used to log dates and times of new (**short term**) controlled substance prescription use, i.e. post-op pain control, etc. Regularly prescribed controlled substances, used long-term, and other medications taken on a regular basis are to be reported initially and updated if changes occur.

A copy of the prescription and documentation of medical need from treating physician are to be attached to this form and forwarded to the Ohio Physicians Health Program.

It is suggested one form be used for each medication prescribed. Make additional copies of this form for future use.

MEDICATION/DOSE: _____ DIRECTIONS: _____

PRESCRIBING PHYSICIAN: _____ M.D. / D.O.

REASON PRESCRIBED: _____

DATE	DOSE & TIMES						
Example: 10/29/03	100 MG 10:00 AM	100 MG 4 AM	100 MG 10: 30 AM	50 MG 4:00 PM	100 MG 8 PM		

NAME: _____ PARTICIPANT ID: _____

Approved November 2004
Last Reviewed June 2005