

### CHAMP Medication & Supplement List

A pharmacist, nurse or other health professional will review your medications. Please list all prescription medications, over-the-counter medicines, vitamins or other nutritional supplements, pain relievers, antacids, laxatives, and herbal remedies that you are taking or have recently taken.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Participant ID: \_\_\_\_\_

Date/ Initials	Name of Medication (example: Vasotec)	Dose (example: one 5 mg tablet)	When Taken (example: twice a day – 7am & 7pm)

Other Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Pharmacist or Health Care Provider reviewing Medication

- If there are documented interactions between medications, please note with an asterisk (\*) and draw lines to connect the medications with interactions.
- If a medication is associated with an increased risk for falls based on the AGS 2019 Beer’s Criteria (e.g., benzodiazepines, anticholinergics, opioids, sedative-hypnotics), please indicate this with hashtag (#) in the date column. Zolpidem (Ambien) is an example of a medication associated with high fall risk. ***Fax all medication lists to the PCP, noting any medication concerns on this form.***