

PILOT PARTUM: Medication

Site No. 

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Subject No. 

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### Concomitant Medication Form

NSAID Use Postpartum:  Yes  No

	NSAID Name	Average Dose & Frequency	Date Started (dd/mmm/yyyy)	Date Stopped (dd/mmm/yyyy) Or N/A for ongoing	Investigator / Delegate Initials and Date
Baseline visit					
6-week visit					
90-day visit					
Unscheduled					

Other Medication Use:  Yes  No If yes, please complete table. Includes prescriptions, vitamins, supplements, and over the counter medications.

Medication Name	Dose & Frequency	Date Started Postpartum (dd/mmm/yyyy)	Date Stopped (dd/mmm/yyyy) Or N/A for ongoing	Investigator / Delegate Initials and Date