Medication History

Medication History

1. At present, do you use medications to treat a breathing problem?	○ Yes ○ No ○ Uncertain

If No, go to #2.

	Yes	No
a. Nebulizer for an inhaled medication	○	○
b. Short-acting beta-agonist: albuterol, ProAir, Proventil, Ventolin, Xopenex	○	○
c. Ipratropium bromide: Atrovent	○	○
d. Combination short-acting inhaled medication: Albuterol and Ipratropium Bromide, Combivent, DuoNeb	○	○
e. Long-acting beta-agonist: Arcapta, Brovana, Foradil, Perforomist, Serevent, Striverdi	○	○
f. Antimuscarinic bronchodilator: Incruse, Lonhala, Seebri, Spiriva, Tudorza, Yupelri	○	○
g. Corticosteroid: Aerobid, Aerospan, Asmanex, Azmacort, Flovent, Pulmicort, Qvar, Arnuity, Alvesco	○	○
h. Combination inhaled corticosteroid + long-acting beta-agonist: Advair, Dulera, Symbicort, Breo, AirDuo	○	○
i. Combination long-acting beta-agonist + long-acting muscarinic antagonist: Anoro, Brevespi, Stiolto, Utibron	○	○
j. Triple inhaler, long-acting beta agonist + long-acting muscarinic + corticosteroid: Breztri, Trelegy	○	○

	Yes	No
k. Theophylline: Theolair	○	○

l. Macrolide antibiotic used regularly: Azithromycin, Zithromax, Zmax	◯	◯
m. Phosphodiesterase inhibitor: Daliresp, Roflumilast	◯	◯
n. Oral corticosteroids used regularly: Deltasone, Medrol, Prednisolone, Prednisone, hydrocortisone, Cortef	◯	◯

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2. Do you take medication for high blood pressure?

◯ Yes
◯ No

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3. Do you take medication for high cholesterol?

◯ Yes
◯ No

Osteoporosis/RA

4. Medication for osteoporosis (thin bones)

◯ Yes
◯ No

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a. If Yes, then which medication do you take? Mark all that apply.

☐ Bone anti-resorption medication: Actonel, Boniva, Fosamax, Reclast
☐ Calcitonin: Calcimar, Fortical, Miaclacin
☐ Calcium
☐ Vitamin D
☐ Estrogen or hormone replacement therapy (pills, patches, creams)
☐ Parathyroid hormone: Forteo, teriparatide
☐ Selective estrogen modulator: Evista, Raloxifene
☐ Testosterone (injections, gels)
☐ RANK Ligand inhibitor: Prolia (denosumab)
☐ Sclerostin inhibitors: Evenity (romosozumab)
☐ Other

Specify other medication for osteoporosis

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5. Medication for rheumatoid arthritis

◯ Yes
◯ No

a. If Yes, then which medication do you take? Mark all that apply.

- [ ] Biological agent: Enbrel (entanercept), Remicade (infliximab), Humira (adalimumab), Ilaris (canakinumab), Taltz (ixekizumab), Cosentyx (secukinumab), Actemra (tocilizumab), Stelara (ustekinumab), Cimzia (certolizumab pegol), Simponi (golimumab), Skyrizi (Risankizumab), Kevzara (sarilumab), Benlysta (belimumab), Tremfya (guselkumab), Orencia (abatacept), Rituxan (rituximab), Xeljanz (tofcitinib)
- [ ] Other anti-rheumatic drug: Arava (leflunomide), Azulfidine (sulfasalzine), Immuran (zathioprine), Methotrexatem, Plaquenil (hydrochloroquin)
- [ ] Nonsteroidal anti-inflammatory drug: Advil, Aleve, Celebrex, ibuprofen, Motrin, Naprosyn
- [ ] Steroid (glucocorticoid): Medrol, methylprednisolone, Prednisolone, Prednisone, hydrocortisone, Cortef

Vaccinations:

6. In what year did you last get a flu shot?

_____
(yyyy (skip if not applicable))

7. In what year did you last get a pneumonia shot?

_____
(yyyy (skip if not applicable))

8. List all medications, including those for your lungs, you take that have been prescribed by your health care provider (physician, nurse practitioner, physician assistant). Exclude dose.