USER'S MANUAL: VIRGINIA UNIFORM ASSESSMENT INSTRUMENT (UAI)

Commonwealth of Virginia
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BACKGROUND

The Commonwealth of Virginia has demonstrated an interest in assessing the long-term care needs of the elderly and people with disabilities to provide appropriate services and to develop an effective and efficient system of quality, affordable programs and services. In 1979, a Statewide Survey of Older Virginians was completed which provided information on characteristics of non-institutionalized older Virginians and their service needs and established a baseline for estimating future service needs. The Older American Resources and Services ("OARS") questionnaire, developed at Duke University, was used to assess the functioning of individuals on five dimensions: social resources, economic resources, mental health, physical health and activities of daily living.

In 1982, Virginia Medicaid's Nursing Home Preadmission Screening Program began using the Long-Term Care Information System and Assessment Process, developed by Angela Falcone, to record assessment information and apply decision criteria for determining eligibility for Medicaid-funded long-term care services. The Falcone form adopted a version of the Katz Index of Activities of Daily Living and the federal *Patient Classification for Long-Term Care System*, which was a culmination of over 25 years of developmental activity on geriatric assessments. The standardized decision criteria, which are used to determine eligibility for Medicaid-funded services, were developed by the Virginia Department of Medical Assistance Services (DMAS).

In 1990, the Virginia General Assembly recommended a Case Management for Elderly Virginians Pilot Project ("Pilot Project") be established to target limited public resources to the elderly at highest risk of institutionalization; coordinate the delivery of multiple services to avoid institutionalization; facilitate client access to services; support and enhance family caregiving; and provide the most cost-effective services. The General Assembly also requested a uniform assessment instrument be developed. Such an instrument would be used statewide for the provision of all publicly funded long-term care services. The uniform assessment instrument, developed for the Pilot Project, was adopted for this purpose and became known as the Virginia Uniform Assessment Instrument or UAI.

In 1992, as the Commonwealth of Virginia's long-term care policy evolved to include a stronger emphasis on home- and community-based care services, the Secretary of Health and Human Resources convened a committee to revise and refine the UAI that had been used for two years in the Pilot Project. The committee was composed of representatives from the Departments of Health, Mental Health, Mental Retardation and Substance Abuse Services, Social Services, Rehabilitative Services, Aging, Blind and Vision Impaired, and Medical Assistance Services, and representatives from each of the three Pilot Project sites. The charge of the committee was (1) to redesign the assessment instrument used in the Pilot Project to include the basic dimensions required to make referrals to and/or authorizations for case management services in all settings and to move toward standardized language, assessment and criteria across other long-term care services, ranging from home services, community-based services, and assisted living facilities, to preadmission screening for and continued stay in nursing care facilities, and (2) to develop a case management information system based on the information obtained from the UAI.

The committee met over eighteen months to review and revise several drafts of the assessment instrument. Pre-tests of various drafts of the instrument were performed throughout the process; including its use in a statewide study of service intensity needs in assisted living facilities. Community and hospital nursing home preadmission screening teams also provided input on the utility and effectiveness of the draft. As the result of the pre-tests, a short assessment was designed to determine whether a full assessment is warranted or for clients with only limited service or information needs.

In 1993, the Virginia General Assembly passed House Joint Resolution 601 requiring that all public health and human resources agencies implement a uniform assessment instrument, common definitions, and common criteria by July 1, 1994, for clients accessing publicly funded long-term care services in the Commonwealth. Also during the 1993 General Assembly session, Senate Bill 1064/House Bill 2280 established the statutory basis for the use of a uniform assessment instrument for all residents of assisted living facilities. The UAI that was developed by the interagency committee described above was subsequently adopted for use across all publicly funded long-term care services.

In the Spring of 1994, 3,000 persons statewide were trained on the use of the UAI. As of July 1, 1994, all publicly funded health and human resource agencies in Virginia, including the local departments of social services and health, area agencies on aging, staff of the Department of Rehabilitative Services, Medicaid funded long-term care service providers, and Medicaid nursing home preadmission screening teams, began using the UAI to gather information for the determination of an individual's care needs, for service eligibility, and for planning and monitoring client care needs across agencies and services.

The UAI ensures easy and equitable access to appropriate services for clients at all levels of long-term care. For providers, it provides a comprehensive picture of the clients and the clients' needs and is intended to facilitate the transfer and sharing of client information among providers. For the agencies of the Commonwealth, it aids in the case management, monitoring, evaluation, and balancing of long-term care services needs of each individual requiring such services. The UAI has used the well-known, common definitions established in the 1960s and 1970s and establishes the framework for decision criteria to target services to those in various stages of need. Virginia has developed standardized decision criteria that are tied to the UAI. These include the criteria for targeted case management services for the elderly; levels of care in assisted living facilities, Medicaid-funded nursing home- or community-based care, and Medicaid case mix reimbursement for nursing facilities. A client-level data base has also been initiated to capture information from the UAI to measure the quality, necessity, and provision of long-term care services in Virginia.

The Virginia Uniform Assessment Instrument is found in **APPENDIX A**.

INTRODUCTION TO USING THE UAI

The purpose of the Uniform Assessment Instrument (UAI) is to gather information for the determination of a client's care needs and service eligibility, and for planning and monitoring a client's care across various agencies and long-term care services. The UAI is a multidimensional, standardized questionnaire, which assesses a client's social, physical health, mental health, and functional abilities, and it provides a comprehensive look at a client. The UAI fosters the sharing of information between providers, and assessors are encouraged to share information about a client in an attempt to avoid duplicative paperwork.

This manual provides general instructions regarding the use of the UAI, followed by specific instructions for the administration of each section. Assessors should become familiar with this manual and use it as a reference document. The general principle, which should guide the assessor, is to get the best, most complete, and most accurate information in every case.

At the end of the manual are Appendices, which include supplemental information and referral indicators. Referral indicators are designed to provide guidelines for situations when a more specialized assessment may be required. The indicators do not cover every client need nor are they intended to be comprehensive.

The UAI is required to be used by publicly funded human services agencies in Virginia, including the local departments of social services, area agencies on aging, centers for independent living, state facilities operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services, community services boards, and Medicaid nursing home preadmission screening teams. For information on specific requirements on the use of the UAI for publicly funded long-term care and aging services, contact the appropriate agency. For assessment of assisted living facility applicants and residents, refer to the manual *Assessment in Assisted Living Facilities: A Manual for Assessors* (published by the Virginia Department of Social Services). For screening of individuals seeking nursing facility admission or community-based services, see the *Medicaid Nursing Home Preadmission Screening Manual* (published by the Department of Medical Assistance Services).

Short Assessment (UAI, Part A plus questions on behavior pattern and medication administration)

The UAI is comprised of a short assessment and a full assessment. The short portion is designed to be an intake/screening document, which allows for a brief review of functional status, current service arrangements and unmet needs. The purpose of the short assessment is to assess the severity of a client's situation and decide whether or not a full assessment is warranted. Since intakes are frequently completed over the phone, questions have been organized to complement a phone discussion with a client or caregiver while providing a format that is suitable as the first component of the full assessment.

Full Assessment (UAI, Part A and Part B)

The full assessment is a multi-dimensional evaluation of client functioning, and it is designed to gather sufficient information about the client, his or her needs, and his or her strengths in order to begin a service plan. It encompasses the short assessment and has 4 major content areas: Identification/Background, Functional Status, Physical Health Assessment and Psychosocial Assessment. The final section of the UAI is an Assessment Summary, which includes a Caregiver Assessment. The full assessment is to be completed during a face-to-face interview with the client.

Information gathered during the intake/screen should be checked for accuracy, particularly if this information was obtained over the phone. Also, the full assessment interview with the client is used to gather specific information about functional status (Section 2).

Interviewing Process

Prior to beginning the interview, the assessor should take time to establish rapport (i.e., building trust) with the client and/or caregiver. Suggestions to begin an interview include engaging the individual in "small talk" such as discussing the weather or something positive and lighthearted. Developing rapport will make the interview go more quickly and the conversation more enjoyable. If the client feels comfortable, he or she will speak more openly, allowing the assessor to gather valuable, necessary information. Developing rapport with the client will also result in a better understanding of him or her. Knowledge of the client will help the assessor direct the conversation and know when to ask additional questions.

The preferred source of information is the client. If there is another person in the room when the client is being interviewed, questions should continue to be directed to the client. If others who are present try to answer questions for the client, they should be asked not to assist with responses or provide reminders or hints. This is particularly important when asking the client subjective questions such as how satisfied he or she is with family relationships.

In some situations (such as a cognitively impaired client), it will be necessary to use other sources of information such as the primary caregiver, family members, other helpers, friends, neighbors or provider staff. For the completion of some sections of the UAI, the assessor may need to interview other professional staff such as physicians, nurses, or social workers. It is important to note on the form when sources other than the client are used to gather information. Also, it may be necessary to obtain a translator or some other spokesperson for clients who are non-English speaking or who have communication problems. **APPENDIX 1** outlines strategies for interviewing clients with communication problems and/or other limitations.

Although it is recommended, it is not necessary to seek information in the exact order in which it appears on the form. The form is designed with a logical flow and is intended to appear reasonable to the client. However, because clients will present information in their own way, it is not necessary to ask questions which have already been answered in the course of the interview; just record the answer already given.

Confidentiality

Prior to completing the assessment, assessors should obtain a written release of information statement signed by the client or his or her authorized representative. In doing so, it is important to discuss with clients about the importance of sharing information from the UAI and engaging in collaborative relationships with other service providers (who are also bound by laws of confidentiality). Information sharing ensures that clients get the help they need; it ensures the continuity of services; it avoids duplication and achieves efficiency; and it ensures coordinated services.

When authorizing the release of confidential information, the decision of how widely the information shall be shared resides solely with the client. It is critical that agencies respect and protect the client's interests. However, efforts to safeguard information should not unnecessarily restrict a client's access to services when state and federal laws and regulations allow for appropriate exchange of information. See **APPENDIX B** for specific information on the *Consent to Exchange Information* form.

Asking Questions

It is important to obtain valid and reliable assessment information. The following suggestions are designed to ensure that responses to assessment questions will be accurate and useful.

- Always remain neutral. Do not make statements or offer nonverbal cues that might suggest that a particular response is correct or incorrect, good or bad, or similar to or different from other respondents. Be careful not to show surprise at certain responses; this reaction might suggest that the response given was unusual or inappropriate.

- If a question is applicable, ask it exactly as it is worded. Deviations from the original wording, even subtle ones, can lead to changes in the responses.

- Read each question slowly and in a clear voice. With practice, it is possible to read the questions in a conversational tone that helps to maintain the client's interest.

- Be careful to properly follow any skip patterns. Ask every question, with the exception of those that the instructions require you to skip.

- Repeat questions that are misunderstood or misinterpreted by reading them again exactly as worded.

- Keep the respondent focused, perhaps by asking the next question, or by repeating the last one if an appropriate answer has not been provided.

- Shield the questions from the respondent's vision, unless instructed otherwise. Respondents tend to try to read ahead and look at how past responses were recorded, and these actions tend to make them less attentive to the questions being asked.

- Before accepting a "don't know" response, use a neutral probe to help stimulate an answer. Appropriate ways of using probes are described in the next section.

Using Probes

Many times respondents say they do not know the answer to a question when, in reality, they are still thinking about it. At other times, they give answers that do not really seem to fit the question or give answers that are very general when a more specific response is required. On these occasions use a neutral probe to help the respondent answer or get back on track. Neutral probes are questions or actions that are meant to encourage a response, or a more complete response, without suggesting what the answer should be. The following ways of providing neutral probes are useful.

- Repeat all questions that are misunderstood or that lead to "don't know" responses.

- Give the respondent time to answer. An “expectant” pause can signal the person that a more complete response is needed and give him time to organize his thoughts.

- Ask a neutral question, such as "Do you have more to say about that?" or "Is there anything else?"

- If the question has specific response categories, read the categories and ask the respondent which is more appropriate to him or which fits him best.

- Ask the respondent to provide further clarification, such as "Please tell me a little more about that" or "Please explain that a little further for me."

Probes must not give the client any clues about what the response should be. Probes that begin "Don't you think that . . ." or "Most people have told me . . ." or "I assume what you're trying to get at is . . ." all serve to direct respondents toward particular answers, and are less likely to represent the individual's true response.

Completing the Assessment

Each page of the UAI contains an essential set of *minimum* data to be recorded in the spaces provided. Assessors may wish to use the blank space and comments sections to gather additional information that is helpful. The assessor may also attach additional pages to expand on the comments entered, if necessary. Some specific points about completing the assessment are listed below.

- Assessments must be legible and maintained in accordance with accepted professional standards and practices. All UAIs must be signed with the name and professional title of the assessor and completely dated with month, day, and year.

- Any changes made to the assessment must be legible and made with a single line to cross out old information and with new information neatly entered and initialed.

- All information must be completed in its entirety.

- Some of the questions are closed-ended with a fixed set of responses, which are incorporated into a client level database. As a result, only "codable" responses are acceptable, and assessors may have to probe respondents for answers.

- Most questions call for one answer; if two or more are given, probe for the response which comes closest to the client's situation. In probing for answers, the assessor should take care not to influence the answer or irritate the respondent.

- Occasionally an accurate answer may not completely fit one of the answer options. In this case, determine which option best fits the situation. If a question provides for a "yes" or "no" response listed in columns, each response must be checked appropriately. If "yes" is marked, use the space available to provide additional information if needed.

- If the answer to a question is unknown, write in "Unknown". Do not leave the question blank and do not mark "No". There is an important difference between "No" and "Unknown". "No" means the question was asked and the response was no or negative. "Unknown" means that the question was not asked for some reason or the answer is truly unknown. The assessor should seek information from other persons knowledgeable about the client's situation in order to complete the assessment. The use of "Unknown" should be avoided.

- Some of the closed-ended questions have an "Other" category. Please use the space next to "Other" to specify/describe an answer which does not fit one of the categories listed. "Other" should be used on a limited basis. Most answers should fit into one of the provided categories.

- Some questions are open-ended. Although these are not intended to be included in a database, they are important for gathering information about the client. These questions are followed by blank spaces rather than a list of possible answers. Responses to open-ended questions should always be probed to make clear exactly what the respondent has in mind, to be sure the answer is relevant and to get additional ideas on the subject.

- Some of the questions are preceded by pre-worded questions or prompts. These are enclosed in shaded boxes. This is most common in the Psycho-Social Assessment section. Please follow the pre-worded suggestions in order to ensure that all assessors ask the questions in the same way.

- The psychosocial section of the assessment contains an optional set of questions (found in italics) which can be used to give the client a score on the modified Mini-Mental State Examination (MMSE).

- All assessors are urged to become familiar with the additional psychosocial assessment information included in APPENDIX K of this manual. This information will enable the assessor to determine when a referral is necessary to a mental health professional. On average, about 30 percent of institutionalized elderly experience problems in the area of psychosocial well-being, two-thirds of whom will also have serious behavior and/or mood problems. Mood state problems are manifested in a wide range of signs, often expressed as sad mood, feelings of emptiness, anxiety, or unease. They can also include bodily complaints and dysfunctions, such as loss of weight, tearfulness, agitation, aches, and pains. Activities of daily living (ADL) decline can be both a cause and a consequence of distressed mood. Reviewing the sequence of ADL and mood decline may be informative. Persons with behavior problems often have a related cognitive deficit; many problem behaviors are directly associated with acute health conditions, neurological diseases, or psychiatric conditions. Still others originate in the individual's reaction to external factors, such as psychotropic medications and stressors in the environment. Identifying the various factors involved in the manifestation of psychosocial issues is critical and best managed by a mental health professional (Minimum Data Set Resident Assessment Instrument Training Manual and Resource Guide, Centers for Medicare and Medicaid, 1991).

Some final points about completing the assessment are:

- Use a check (✓) or an "X" to mark the appropriate response.

- Read down lists to familiarize the respondent with the range of responses.

- Where an answer consists of several options separated by a slash, circle the specific answer, or both if appropriate. An example of this is the Communication of Needs question on page 1. If the third response (Sign Language/Gestures/Device) is the correct answer, put a check next to this line and specify the appropriate option with a circle.

- Make sure every question has the appropriate number of responses recorded.

- In some sections of the UAI, there are small numbers to the right of the variable. These are for coding purposes only and are not used by the assessor in completing the assessment.

Changing Assessment Information

Information on the assessment may be revised in order to change incorrect or inaccurate information. All information collected during the intake/screen (or short assessment) will need to be verified and possibly changed at the time of the on-site assessment. Information is also changed if it is determined that incorrect or inaccurate information was gathered on the assessment (and subsequently entered into a data base) anytime during the period in which the client's case was open.

Note to Nursing Home Preadmission Screeners and Assisted Living Facility Assessors: If a UAI is changed after it has been submitted to DMAS, and the change does not indicate a change in level of care, the change should be clearly noted on the UAI and initialed and dated by the assessor. It does not need to be resubmitted to DMAS unless there has been a change in level of care.

Reassessments

A reassessment is an update of information at any time after the initial assessment. It is a formal review of the client's status to determine whether his or her situation and functioning have changed. A client's situation and functional abilities can rapidly change. Temporary changes in an individual's condition are those that can be reasonably expected to last less than 30 days. Such changes do not require a new assessment. Examples of such changes are short-term changes that resolve with or without intervention, changes that arise from easily reversible causes such as a medication change, short-term acute illness or episodic event, or a well established, predictive, cyclic pattern of signs and symptoms associated with a previously diagnosed condition where an appropriate course of treatment is in progress.

In order to maintain a comprehensive assessment, a reassessment should be completed whenever there is a permanent, significant change in the resident's condition. A permanent change is one, which is expected to last 30 days or more. All reassessments are to be completed with the client and, if possible, the appropriate informal caregiver(s). All services in place are to be reviewed for quality and appropriateness. If the client's needs have changed, the service delivery or care plan is adjusted based on information from the reassessment.

A reassessment can be done on a previously completed assessment form. In this case, clearly mark the reassessment information by crossing out old information, legibly entering new information, and initialing all changes. The UAI should be marked as a reassessment and the reassessment date recorded in the upper right-hand corner on page 1. The UAI is designed to accommodate the initial assessment and a reassessment. When a previously completed UAI is used for a reassessment, changes made to the form as part of the reassessment process must be clearly made in red ink and circled in red.

New information can be added as necessary, but the assessor must ensure that the UAI remains legible. Use a new UAI form as needed and transfer only the most recent information to the new form. Always maintain the previous UAIs with the client's record to provide an accurate case history. After each reassessment, the "Assessment Completed By" section (page 12 of the UAI) must be completed to document who completed the reassessment or made changes. The assessor must completely date his or her signature with month, day, and year.

SECTION I OF THE UAI: IDENTIFICATION/BACKGROUND

In the upper right-hand corner of the UAI is space to record the date of the screen, date of the assessment, and date of the reassessment. The screen date refers to the date when the short (or screen) component of the instrument is completed. The assessment date is when the complete assessment (short and full) is done. These dates may be the same, or the assessment date may be later than the screen date. The reassessment date is the date when the client is reassessed, either during a periodic review or when there is a change in the client's condition. The reassessment date will *always* be later than the assessment (and screen) dates.

Name and Vital Information (UAI, Page 1)

Social Security Number (SSN) (UAI, Page 1)

The SSN is a nine-digit number, which will be used to track information on all clients who are assessed. It is important that every person have a **unique** number. Most clients should have a SSN, but you will find that many female clients use their Medicare number as their SSN and/or their husband's SSN as their own. Medicare numbers are SSNs with an additional letter added. A Medicare number ending with the letters A, J, M, or T is equal to the female client's own SSN. However, a Medicare number ending in B or D is the husband's SSN. B means the husband is still alive and D means the husband is deceased. Assessors can use the Medicare number ending in D as the wife's SSN since the husband is deceased.

On occasion, the assessor will need to generate a dummy social security number for a client. This will happen when a female client only has her husband's number and he is still alive, or when there is no number to be found. In the cases where the wife is using the husband's SSN, generate a dummy number for the wife in the following way: 777-XX-XXXX. The 7's are the dummy numbers and the Xs are the remaining numbers of the husband's SSN. In some cases it will be necessary to dummy the entire 9-digit number. The most critical feature of the number is that it is unique to that client.

Record the full name of the client (last, first, and middle initial); the client's full address (street, city, state and zip); the phone number at the client's home address (area code and number) and the city/county code of the client's home. The telephone number recorded on the form should be the number at which the client can be reached. If this number is not the client's own number, the assessor should note this (e.g., neighbor's number). Assessors should refer to the list of codes in Appendix L to get city/county codes. There is space after this question to record directions to the client's home and the presence of pets. It is important to be as specific as possible when recording directions.

Demographics (UAI, Page 1)

Record the client's date of birth (month, day and year), age and gender.

Marital Status (UAI, Page 1)
Choose the answer that best describes the client's current status relative to the civil rite or legal status of marriage.

- **Married** includes those who have been married only once and have never been widowed or divorced, as well as those currently married persons who remarried after having been widowed or divorced.

- **Widowed** includes clients, whether female or male, whose most recent spouse has died.

- **Separated** includes persons legally separated, living apart, or deserted.

- **Divorced** includes those whose most recent marriage has been dissolved by decree of a court of competent jurisdiction.

- **Single** includes persons who have never married, who have had their only marriage annulled and who claim a common law marriage, which is not recognized as a legal status in the Commonwealth of Virginia.

Race (UAI, Page 1)
Information about race is important for both epidemiological reasons and for comparisons with the population characteristics for the area served. Issues of accessibility, appropriateness of service and equity can be examined. The concept of race reflects self-identification and self-classification by the client according to the race with which he identifies. A suggested question is "Would you say that you are . . ." at which point the assessor reads the race categories. For persons who cannot provide a single response to the race question, use the first race reported by the person. In the space provided for Ethnic Origin, assessors may wish to record more specific information on a client's ethnicity, especially if this affects service eligibility and delivery. It should also be used to record Hispanic Origin, such as Mexican, Puerto Rican, Cuban, Central American or South American.

- **White** refers to any person having origins in any of the original peoples of Europe, North Africa or the Middle East. This category includes, but is not limited to, respondents who identify themselves as White, Canadian, German, Italian, Lebanese or Polish.

- **Black/African American** includes, but is not limited to, respondents who identify themselves as Black, African American, Afro-American, Negro, Jamaican, Black Puerto Rican, West Indian, Haitian or Nigerian.

- **American Indian** includes, but is not limited to, respondents who identify themselves as part of an Indian tribe, Canadian Indian, French-American Indian or Spanish-American Indian.

- **Oriental/Asian** includes, but is not limited to, respondents who identify themselves as Japanese, Chinese, Filipino, Korean, Vietnamese, Asian Indian, Hawaiian, Guamanian, Samoan, Cambodian, Laotian and Fiji Islander.

- **Alaskan Native** refers to a person having origins in any of the original people of Alaska.

Education (UAI, Page 1)
Education means the highest level of schooling attained by the client.

- **Less than High School** means some schooling at the elementary/middle school level or less.
- **Some High School** means education at the secondary level without attaining a high school diploma.
- **High School Graduate** means a high school diploma or equivalency certificate was received.
- **Some College** means education at an institution of higher learning without attaining a baccalaureate or associate degree.
- **College Graduate** means a baccalaureate or associate degree was received.

Space is provided to specify the level and/or type of education (i.e., special education, trade school, post-graduate work).

Communication of Needs (UAI, Page 1)
Communication of needs is the client's ability to express his or her requests, needs, opinions, problems and social concerns (whether in speech, in writing, in sign language, or a combination of methods) in a way that is readily and clearly understood. It is important to evaluate the client's ability to communicate with the provider(s) of care.

- **Verbally, English** means the client expresses himself or herself effectively through the use of the English language.
- **Verbally, Other Language** means the client makes himself or herself understood effectively through the use of a language other than English. Specify the other language.
- **Sign Language/Gestures/Device** means the client expresses himself or herself by pointing, using sign language, using a communication board, and/or through written or electronic means. This category includes clients who communicate in a language other than English which is not understood by the provider of care, but whose gestures or written symbols are understood. Circle how the client makes himself or herself understood and describe as needed.
- **Does Not Communicate** means the client does not convey information about his needs either verbally or non-verbally (e.g., comatose clients do not communicate their needs).

Space is provided to record whether the client is hearing impaired. If clients do not speak English and/or have hearing problems, it may be necessary to make alternative arrangements, such as using an interpreter, for effective communication while completing the full assessment.

Primary Caregiver/Emergency Contact/Primary Physician (UAI, Page 1)
Record the name, address, relationship and phone numbers (home and work) of caregivers mentioned by the client. These may include formal and informal caregivers. The first person listed should be the primary caregiver, emergency contact or the person who helps the most. If there is

another helper or an emergency contact, record this person on the second line. Use the space for Relationship to record the person's relationship to the client and whether the person is the primary caregiver, emergency contact or both. Inform the client that it is necessary to have this information in the event that you are unable to reach the client or if there is an emergency or crisis that requires immediate attention.

Record the name (first and last), phone number and address of the client's primary physician. The primary physician is the doctor the person sees most often, the doctor who manages the person's overall medical care, or the doctor who would be called in case of an emergency.

Initial Contact (UAI, Page 1

Record the name, relation and phone number of the person making the initial contact or call. This person may actually be the client. If the person making the contact is from an agency, the relation to the client would be "professional." In these cases, the individual at the referral agency should be contacted for a follow-up on the referral disposition. If the person calling asks to remain anonymous, write in "anonymous." This information will become part of the client's file and, as such, will be accessible to the client and others involved in assisting the client.

- **Presenting Problem/Diagnosis.** Record the reason for the contact/call and, if applicable, the client's medical diagnosis. It is important to record the presenting problem as described by the caller and the length/duration of the problem(s) in order to know if the problem is a recent development or perceived to be a crisis.

Current Formal Services (UAI, Page 2

Formal services are those provided by an agency or organization and are usually paid services. Clients may not pay directly for the service, but if it is provided and/or organized by an agency or organization, it is considered formal. A list of services is provided, and the assessor should read the entire list to the client. It may also be necessary to describe some of the services to assist clients in determining what they receive. Record whether or not the client currently receives the service, the provider of each service (including complete name and phone number) and the frequency of the service. Days of the weeks and the time of day are also valuable information to include. Formal service definitions are found in **APPENDIX C**. When coding services, focus on the type of service rather than the label or name a particular agency might give the service, or the setting where the service is provided.

Financial Resources (UAI, Page 2)

Annual/Monthly Income (UAI, Page 2)

Questioning clients about their financial status can be difficult. If the client does not want to discuss income information, then inform him or her that this information is needed to determine the available programs and services for which the client may be eligible. These questions are general, and it may be necessary to ask additional, more detailed financial questions when actually planning services. Where possible, work with other providers (such as the local DSS eligibility worker) who may have already received this information from the client to avoid duplicative questions.

- **Family Income** is the total annual (or monthly) gross income for the family unit. Annual and monthly incomes are provided to help those who may know one amount but not the

other. Also, clients may feel more comfortable saying their income is within a certain range rather than giving a specific amount.

- **Family Unit** is the basis for determining family income. A minor is a person who is less than 18 years of age whose parent(s) is/are responsible for his or her care. A single family unit may consist of:

  - A husband and wife with or without their minor dependents;
  - A single individual and his/her minor dependents; or
  - An individual with no minor dependents.

  When individuals reside with other persons who are not their spouses and their minors, each shall be considered a separate family unit.

  Examples of *separate* family units include:

  - Elderly person(s) are considered a separate family unit even when they live in the home of their adult children or a relative;
  - A mother (18 and over) and her dependents although living with her parents or another relative;
  - The child of an unemancipated minor who lives with her mother and grandparent/s;
  - A minor placed in foster care;
  - A minor living with a legal guardian is considered a separate family unit if the guardian does not have financial responsibility;
  - Unrelated individuals living together or as co-habitating partners, and
  - A husband and wife who are separated are considered separate family units when they are not living together or when they are living together and are not dependent on each other for financial support. This determination can generally be used for the provision of services, but may not be allowable for the determination of financial benefits.

Space is provided to record the number of people in the family unit. There is also space to record, as an option, the actual amount of the monthly income for the family unit.

Income Source(s) (UAI, Page 2)

Record all sources of income for the family unit. As an option, the assessor may wish to record the amount received from each income source.

- **Black Lung** is a disability trust fund administered by the Department of Labor. This federal compensation program is designed to aid coal workers who have been determined to suffer from pneumoconiosis (Black Lung). Benefit payments can also be made to dependents or survivors.

- **Pension** is a sum of money paid regularly as a retirement benefit from a job.

- **Social Security** includes Social Security pensions, survivors' benefits and permanent disability insurance payments made by the Social Security Administration.

- **SSI/SSDI** are payments made by Federal, State or local welfare agencies to low income persons who are aged (65 years old or over), blind or disabled.

- **VA Benefits** include Veterans Administration (VA) pensions and disability payments.

- **Wages/Salary** means wages, salary, commissions, bonuses, or tips for all jobs (before deduction for taxes, etc.) including sick leave pay.

- **Other** may include income from rental, interest from investments, unemployment compensation, regular assistance from family members and regular financial aid from private organizations and churches.

Legal Representatives (UAI, Page 2)
Check all legal representatives the client has, and record names in the space provided. If someone else has legal authority to make decisions regarding the client's care, it is essential for you to know this and to include this person in the client's service delivery or care plan development. It is also helpful to read or obtain a copy of the legal documents which describe the authority given to the representative.

- **Guardian.** Court-appointed individual who is responsible for the personal affairs of an incapacitated person, including responsibility for making decisions regarding the person's support, care, health, safety, habilitation, education, therapeutic treatment, and, if not inconsistent with an order of commitment, regarding the person's residence.

- **Conservator.** Court-appointed individual who is responsible for managing the estate and financial affairs of an incapacitated person.

- **Power of Attorney.** A Power of Attorney is a written authorization for one person to act on behalf of another person (called the principal) for whatever purposes are spelled out in the written document. The Power of Attorney automatically ends upon the mental incapacity of the principal unless the document specifically states that it continues to be valid even after the onset of mental incapacity.

- **Representative Payee**. A person or organization authorized by a government agency to receive and manage a government benefit for a person deemed incapable of managing his own benefit.

Benefits/Entitlements (UAI, Page 2)
Record all benefits/entitlements the client receives.

- **Auxiliary Grant** is financial assistance for certain needy, aged, blind or disabled persons in residential institutions whose income is insufficient to cover the cost of their care.

- **Food Stamps** is a federal program to supplement the food budgets of low-income households to help assure eligible persons receive a nutritionally adequate diet.

- **Fuel Assistance** helps eligible households with the costs of heating their homes.

- **General Relief** is a state/local program that offers limited financial assistance to persons who meet requirements set by each locality. Relief may include aid for persons who are ill

or temporarily out of work, medical care for the indigent, burial of the indigent, and other emergency situations.

- **State and Local Hospitalization** is assistance to income resource eligible persons who need to be or have been hospitalized, received emergency room treatment or outpatient hospitalization services.

- **Subsidized Housing** includes rent reduction, rent subsidies, and the state tax credit program.

- **Tax Relief** refers to property tax relief provided by local jurisdictions.

Health Insurance (UAI, Page 2)

Health insurance benefits are the current resources available to the client, which may be used to cover the costs of health and related care. Record all types of insurance and the numbers.

- **Medicare** number is the social security account number or the health insurance (HI) benefits number issued to the client who has coverage under Title XVIII, Social Security Amendments of 1965.

- **Medicaid** number is the 12-digit benefit number assigned by the local department of social services to a client who has coverage under Title XIX, Social Security Amendments of 1965. For those who have applied for Medicaid and are awaiting a final decision on eligibility, mark "No" for Medicaid and "Yes" for **Pending.** For individuals who are on spend-down, mark "No" for Medicaid and write "Spend-Down" in the space next to Medicaid.

  Also record whether the client is a Qualified Medicare Beneficiary (QMB) or a Specified Low Income Medicare Beneficiary (SLMB). A client who is QMB or SLMB has a Medicaid number but is not eligible for the full range of Medicaid reimbursed services. A client who qualifies as a QMB is eligible for Medicaid to pay his Medicare premiums and Medicare co-insurance and deductibles only. A Specified Low-Income Medicare Beneficiary (SLMB) program could help clients who have Medicare Part A and have income too high to be eligible for regular Medicaid or as a QMB. A client who qualifies as a SLMB is eligible for Medicaid to pay his or her Medicare Part B premiums only.

  Recipients of QMB receive a Medicaid card, and the QMB status is clearly indicated. Recipients of SLMB do not receive a Medicaid card. Verification of SLMB Medicaid can be obtained by viewing the client's notification letter issued by the local department of social services or with a proper release of information requesting the information from the agency.

- **Other** refers to any public or private insurance coverage other than Medicare or Medicaid.
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Physical Environment (UAI, Page 3)

Living Arrangement (UAI, Page 3)

Record the type of place in which, and the people with whom, the client is or has been residing. If the client will be moving to a permanent living arrangement that is different from the one from

which he or she is being assessed, record the place where the individual will be permanently residing. For example, if the assessment takes place in a hospital, but the individual will be transferred to an assisted living facility, record the assisted living facility as the living arrangement, not the hospital. If the permanent residence has not yet been chosen, note this. The UAI should be updated with the correct information as soon as it is known. For individuals residing in assisted living facilities, adult foster homes, nursing facilities, facilities operated by State as Mental Health/Mental Retardation Facilities or other institutional settings, record the name of the place, the approximate date of admission, and the Medicaid provider number.

The Medicaid provider number is only available for Medicaid-enrolled providers. If the client's usual living arrangement is a facility that is Medicaid certified, it is necessary to obtain the number regardless of the client's payment status. This number can be obtained from the facility administrator. It will be necessary to explain that the number is needed for recording purposes.

- **House** refers to a private residence, including mobile homes. Specify whether this is owned or rented by the client. Ownership by the client means the client's name is on the deed. The "Other" category includes situations where the client lives in a house owned by family/friends and does not pay rent, or the client lives in a house for which he or she has lifetime rights, but does not pay rent.

- **Apartment** is a private residence, rented by the client or by another person.

- **Rented Room(s)** are rooms with or without board, such as motels, hotels, YMCA/YWCA, and private residences. Rented rooms may include a private bath, but the inclusion of a private kitchen for preparing meals would constitute an apartment and should be coded as such.

- **Assisted living facility** means any licensed place, establishment, or institution, public or private, operated or maintained for the maintenance or care of four or more adults who are aged, infirm or disabled and who are cared for in a primarily residential setting.

- **Adult Foster Care** is a small group home setting for three or fewer residents needing care.

- **Nursing Facility** refers to a nursing facility licensed by the Department of Health.

- **Mental Health/Mental Retardation Facility** is a MH/MR residential or institutional facility licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

- **Other** may include transients who are living in a shelter and/or those who are homeless.

If the place of residence is house, apartment or rented rooms, the assessor must record with whom the client lives. Individual names of persons with whom the client lives are not necessary, but the relationship with the client should be noted.

- **Alone means** no one else lives with the client.

- **Spouse** means the only person living with the client is his spouse.

- **Other** includes clients who live with the spouse and children; clients who live with relatives other than the spouse and/or children, clients who live with non-relatives, and any combination of these.

Space is provided to record names of persons in the household. Assessors may also wish to record ages and relationships of these persons in order to evaluate current/potential sources of informal care.

Problems (UAI, Page 3)
Improvements in the physical condition of the client's place of residence can be cost-effective in the long run because they help sustain autonomous functioning and decrease dependence. Based on observation and the client's opinion, the assessor should evaluate the safety, security and support of the environment. Indicate the specific areas in which actual or potential safety or accessibility problems exist by placing a check in the "yes" column next to the relevant item. If it is not a problem, check "no." Do not leave blank. It is important to assess physical environment in terms of the client's particular situation. For example, look for visual smoke alarms for the hearing impaired. Use the space provided to record details about the problem. For example, if the problem is unsanitary conditions, specify if there is insect and/or rodent infestation.

- **Barriers to Access** includes features which make the living arrangement inaccessible to the client. For example, a client cannot use stairs and lives in a building with no elevator; the client cannot use stairs and lives in a 2-story home and the bedrooms are upstairs; the client is in a wheelchair and the entrance has no ramp, or doorways are too narrow and rooms are too small to maneuver.

- **Electrical Hazards** include frayed electrical cords; over-use of extension cords; plugs partially hanging out of the wall, or poor wiring in the home.

- **Fire Hazards/No Smoke Alarm** includes wall-to-wall clutter; the client is a smoker and appears to be careless; the client forgets to turn off the stove; or there are no smoke alarms or an un-vented space heater is used.

- **Insufficient Heat/Air Conditioning** means the temperature is too hot or cold inside the client's home, or the room is stuffy during summer months.

- **Insufficient Hot Water/Water** could be indicated by an excessive amount of dirty dishes from lack of water; a client who is dirty and has unpleasant body odor, or a client who is wearing dirty clothing.

- **Lack of/Poor Toilet Facilities** means the client has no toilet facilities or toilet facilities exist but are in poor working condition. Specify whether the problem refers to toilet facilities inside or outside the home.

- **Lack of/Defective Stove, Refrigerator, Freezer** means the client either has no stove, refrigerator, or freezer, or the appliances exist but are in poor working condition.

- **Lack of/Defective Washer/Dryer** means the client either has no washer or dryer, or they exist but are in poor working condition.

- **Lack of/Poor Bathing Facilities** means the client either has no bathing facilities or bathing facilities exist but are sub-standard.

- **Structural Problems** include ceilings that have water leaks, dangerous floors, doors that open with difficulty, windows that cannot be opened, or an outside structure that looks crooked.

- **Telephone Not Accessible** means the client has no telephone and cannot access one from a neighbor or friend.

- **Unsafe Neighborhood** means the client lives in an area which is unsafe with frequent crime problems.

- **Unsafe/Poor Lighting** includes situations where the home is dark even with the lights on, or there is no or poor lighting outside the house.

- **Unsanitary Conditions** means there is any one or more of the following: an obvious odor in the home, the home is excessively dirty, there is a dirty and odorous bathroom, there is evidence of rodent and/or insect infestation, and/or carpet or furniture are soiled.

- **Other** means any other physical environment problems not categorized above.

SECTION II OF THE UAI: FUNCTIONAL STATUS

Measurements of functional status are commonly used across the country as a basis for differentiating among levels of long-term care giving. Functional status is the degree of independence with which an individual performs Activities of Daily Living (ADLs), Ambulation, and Instrumental Activities of Daily Living (IADLs).

ADLs indicate the client's ability to perform daily personal care tasks. The ADLs include:

- Bathing
- Dressing
- Toileting
- Transferring
- Eating/Feeding
- Bowel and Bladder Control (Continence)

Ambulation is the client's ability to get around indoors and outdoors, climb stairs and wheel.

IADLs indicate the client's ability to perform certain social tasks that are not necessarily done every day but which are critical to living independently. The IADLs include:

- Meal Preparation
- Housekeeping
- Laundry
- Money Management
- Transportation
- Shopping
- Using the Telephone
- Doing Home Maintenance

There are three important points to remember when assessing functional status:

- **First,** functional status is a measure of the client's impairment level **and** need for personal assistance. Sometimes, impairment level and need for personal assistance are described by the help received, but this could lead be misleading. For example, a disabled client **needs** help to perform an activity in a safe manner, but he lives alone, has no formal supports and "receives no help." Coding the client's performance as "independent" because no help is received is very misleading in terms of the actual impairment level. In order to avoid this type of distortion, *interpret the ADLs in terms of what is usually needed to safely perform the entire activity.*

- **Second,** an assessment of functional status is based on what the client is **able** to do, not what he prefers to do. In other words, assess the client's *ability* to do particular activities, even if he doesn't usually do the activity. Lack of capacity should be distinguished from lack of motivation, opportunity, choice, or for the convenience of a caregiver. This is particularly relevant for the IADLs. For example, when asking someone if he can prepare light meals, the response may be "no" he or she does not prepare meals, even though he or she may be able to do so. This person should be coded as not needing help. If a client refuses to perform an activity, thus putting himself or herself at risk, it is important to probe for the reason why the client refuses in order to code the activity correctly. *The emphasis in this section is on assessing whether ability is impaired.* Physical health, mental health, or cognitive or functional disability problems may manifest themselves as the inability to perform ADL, ambulation, and IADL activities. *If a person is mentally and physically free*

of impairment, there is no safety risk to the individual, and the person chooses not to complete an activity due to personal preference or choice, indicate that the person does not need help.

- **Third,** the emphasis of the measurement of each of the functional activities should be *how the individual usually performed the activity over the past two weeks.* For example, if a client *usually* bathes himself or herself with no help, but on the date of the interview requires some assistance with bathing, code the client as requiring no help unless the client's ability to function on the date of the assessment accurately reflects ongoing need.

The functional status section is designed so that general information can be collected during the short assessment (screen) and more detailed information can be collected later. For example, during a screen the client may indicate that he or she needs help with bathing. The screener would check "Yes" under the Needs Help column. When the full assessment is completed with the client, the assessor would verify the accuracy of the answer and code the specific type of help needed in the box to the right (including the "Is Not Performed" category).

There are several components to each functional activity, and the coded response is based on the client's ability to perform **all** of the components. For example, when assessing the client's ability to bathe, it is necessary to ask about his or her ability to do all of the bathing activities such as getting in and out of the tub, preparing the bath, washing and towel drying. Interviewers will therefore need to probe in detail in order to establish actual functional level. ***The definitions of each ADL and other functional activities that follow should serve as a guide when probing for additional information.*** Self-reporting on ADLs and other functional activities should be verified by observation or reports of others. This is especially critical when clients report that they do activities by themselves, but the performance level or safety of the client is in question.

Some questions in this section are personal and the client may feel somewhat embarrassed to answer (e.g., toileting, bladder and bowel control). Ask these questions in a straightforward manner and without hesitation. If you ask the questions without embarrassment or hesitation, the client will be more likely to feel comfortable. If the client is embarrassed, acknowledge that some of these questions are embarrassing to answer. Let the client know that answers to these questions are important because they will help you better understand his or her needs and provide a service delivery or care plan that is right for him or her.

There is space at the end of the Functional Status section to record comments. Use this space to comment on functioning in the areas of ADLs, Ambulation, and IADLs. Comments should include the type of equipment used/needed to perform the activity and/or information about caregivers.

> **Note: Because each item in the functional status section is critical to determining level of care needs, every functional question in this section must have a valid answer. If "yes" is checked in the "Needs Help?" column, the type of help must be indicated in the scoring options. No "Unknown" responses are allowed.**

In the Functional Status Section, capital "D's" (big D's) are placed on the UAI to denote dependence in a particular function. Dependence in functional status is used to differentiate among levels of long-term care.

The total number of "D's" or dependencies a client has will determine the type of care appropriate to meet his or her needs. Dependence includes a continuum of assistance, which ranges from minimal to total.

"Mechanical help only" means an individual is **semi-dependent (d)** in a functional area.

Dependence (D) means an individual needs at least the assistance of another person (human help only) **OR** needs at least the assistance of another person *and* equipment or a device (mechanical help and human help) to safely complete the activity. Human assistance includes supervision (verbal cues, prompting) or physical assistance (set-up, hands-on-care).

A client would be considered **totally dependent (DD)** in each level of functioning when the client is entirely unable to participate or assist in the activity performed.

Levels of Functioning (UAI, Page 4)

The general description for the scoring options are provided below. The definitions and/or scoring options for each ADL, ambulation, and IADLs are specifically defined and must be used to obtain an accurate assessment of each of the functional activities. Only ONE check mark can be made for each question. If more than one option applies, record the most dependent option.

- **Needs Help** means whether or not the client needs help (equipment or human assistance) to perform the activity. If the client does need help, score the specific type of help in the boxes to the right.

- **Mechanical Help Only** means the client needs equipment or a device to complete the activity, but does not need assistance from another human. Mechanical Help Only is not a dependency ("D"). **(d = semi-dependent)**

- **Human Help Only** means the client needs help from another person but does not need to use equipment in order to perform the activity. A need for human help exists when the client is unable to complete an activity due to cognitive impairment, functional disability, physical health problems, or safety. An unsafe situation exists when there is a negative consequence from not having help (e.g., falls, weight loss, skin breakdown), or there is the potential for a negative consequence to occur within the next 3 months without additional help. The decision that potential exists is based on some present condition such as a situation where the individual has never fallen when transferring but shakes or has difficulty completing the activity. *The assessor should not assume that any person over 60 and without help has the potential for negative consequences.* Within the human help category, specify whether the assistance needed is supervision or physical assistance. If both supervision and physical assistance are required, the category that should be used is the one reflecting the greatest degree of need, physical assistance. **(D=Dependent)**

- **Supervision (Verbal Cues, Prompting).** The client is able to perform the activity without hands-on assistance of another person, but must have another person present to prompt and/or remind him or her to safely perform the complete activity. This code often pertains to people with cognitive impairment, but may include those who need supervision for other reasons.

- **Physical Assistance (Set-Up, Hands-On Care)**. Physical assistance means hands-on help by another human, including assistance with set-up of the activity.

- **Mechanical Help and Human Help** means the client needs equipment or a device *and* the assistance of another person to complete the activity. For this category, specify whether human help is supervision or physical assistance as defined above. **(D=Dependent)**

- **Performed by Others** means another person completes the entire activity and the client does not participate in the activity at all. **(DD=Dependent/Totally Dependent)**

- **Is Not Performed** means that neither the client nor another person performs the activity. **(DD=Dependent/Totally Dependent)**

Activities of Daily Living (UAI, page 4

Bathing

Bathing: Getting in and out of the tub, preparing the bath (e.g., turning on the water), actually washing oneself, and towel drying. Some clients may report various methods of bathing that constitute their usual pattern. For example, they may bathe themselves at a sink or basin five days a week, but take a tub bath two days of the week when an aide assists them. The questions refer to the method used **most or all of the time** to bathe the entire body.

- **Does Not Need Help.** Client gets in and out of the tub or shower, turns on the water, bathes entire body, or takes a full sponge bath at the sink and does not require immersion bathing, without using equipment or the assistance of any other person. **(I = Independent)**

- **Mechanical Help Only.** Client usually needs equipment or a device such as a shower/tub chair/stool, grab bars, pedal/knee controlled faucet, long-handled brush, and/or a mechanical lift to complete the bathing process. **(d = semi-dependent)**

- **Human Help Only (D=Dependent)**

  - **Supervision (Verbal Cues, Prompting)**. Client needs prompting and/or verbal cues to safely complete washing the entire body. This includes clients who need someone to teach them how to bathe.

  - **Physical Assistance (Set-up, Hands-On Care).** Someone fills the tub or brings water to the client, washes part of the body, helps the client get in and out of the tub or shower, and/or helps the client towel dry. Clients who only need human help to wash their backs or feet would not be included in this category. Such clients would be coded as "Does Not Need Help".

- **Mechanical and Human Help.** Client usually needs equipment or a device *and* requires assistance of other(s) to bathe. **(D=Dependent)**

- **Performed by Others.** Client is completely bathed by other(s) and does not take part in the activity at all. **(DD=Dependent/Totally Dependent)**

Dressing

Dressing: Getting clothes from closets and/or drawers, putting them on, fastening, and taking them off. Clothing refers to clothes, braces and artificial limbs worn daily. Clients who wear pajamas or gown with robe and slippers as their usual attire are considered dressed.

- **Does Not Need Help.** Client usually completes the dressing process without help from others. If the only help someone gets is tying shoes, do not count as needing help. **(I = Independent)**

- **Mechanical Help Only**. Client usually needs equipment or a device such as a long-handled shoehorn, zipper pulls, specially designed clothing or a walker with an attached basket to complete the dressing process. **(d = semi-dependent)**

- **Human Help Only (D=Dependent)**

  - **Supervision (Verbal Cues, Prompting)**. Client usually requires prompting and/or verbal cues to complete the dressing process. This category also includes clients who are being taught to dress.

  - **Physical Assistance (Set-up, Hands-On Care).** Client usually requires assistance from another person who helps in obtaining clothing, fastening hooks, putting on clothes or artificial limbs, etc.

- **Mechanical and Human Help.** Client usually needs equipment or a device and requires assistance of other(s) to dress. **(D=Dependent)**

- **Performed by Others**. Client is completely dressed by another individual and does not take part in the activity at all. **(DD=Dependent/Totally Dependent)**

- **Is Not Performed.** Refers only to bedfast clients who are considered not dressed. **(DD=Dependent/Totally Dependent)**

Toileting

Toileting: Ability to get to and from the bathroom, get on/off the toilet, clean oneself, manage clothes and flush. A commode at any site may be considered the "bathroom" only if in addition to meeting the criteria for "toileting" the client empties, cleanses, and replaces the receptacle, such as the bed pan, urinal or commode, without assistance from other(s).

- **Does Not Need Help.** Client uses the bathroom, cleans self, and arranges clothes without help. **(I = Independent)**

- **Mechanical Help Only**. Client needs grab bars, raised toilet seat or transfer board and manages these devices without the aid of other(s). Includes clients who use handrails, walkers, or canes for support to complete the toileting process. Also includes clients who use the bathroom without help during the day and use a bedpan, urinal, or bedside commode without help during the night and can empty this receptacle without assistance. **(d = semi-dependent)**

- **Human Help Only. (D=Dependent)**

  - **Supervision (Verbal Cues, Prompting)**. Client requires verbal cues and/or prompting to complete the toileting process.

  - **Physical Assistance (Set-up, Hands-On Care).** Client usually requires assistance from another person who helps in getting to/from the bathroom, adjusting clothes, transferring on and off the toilet, or cleansing after elimination. The client participates in the activity.

- **Mechanical and Human Help.** Client usually needs equipment or a device *and* requires assistance of other(s) to toilet. **(D=Dependent)**

- **Performed by Others.** Client does use the bathroom, but is totally dependent on another's assistance. Client does **not** participate in the activity at all. **(DD=Dependent/Totally Dependent)**

- **Is Not Performed**. Client does not use the bathroom. **(DD=Dependent/Totally Dependent)**

Transferring

Transferring: Means the client's ability to move between the bed, chair, and/or wheelchair. If a person needs help with some transfers but not all, code assistance at the highest level.

- **Does Not Need Help.** Client usually completes the transferring process without human assistance or use of equipment. **(I = Independent)**

- **Mechanical Help Only**. Client usually needs equipment or a device, such as lifts, hospital beds, sliding boards, pulleys, trapezes, railings, walkers or the arm of a chair, to safely transfer, *and* client manages these devices without the aid of another person. **(d = semi-dependent)**

- **Human Help Only (D=Dependent)**

  - **Supervision (Verbal Cues, Prompting).** Client usually needs verbal cues or guarding to safely transfer.

  - **Physical Assistance (Set-up, Hands-On Care).** Client usually requires the assistance of another person who lifts some of the client's body weight and provides physical support in order for the client to safely transfer.

- **Mechanical and Human Help.** Client usually needs equipment or a device and requires the assistance of other(s) to transfer. **(D=Dependent)**

- **Performed By Others.** Client is usually lifted out of the bed and/or chair by another person and does not participate in the process. If the client does not bear weight on any body part in the transferring process he/she is not participating in the transfer. Clients who are transferred with a mechanical or Hoyer lift are included in this category. **(DD=Dependent/Totally Dependent)**

- **Is Not Performed.** The client is confined to the bed. **(DD=Dependent/Totally Dependent)**

Eating/Feeding

Eating/Feeding: The process of getting food/fluid by any means into the body. This activity includes cutting food, transferring food from a plate or bowl into the client's mouth, opening a carton and pouring liquids, and holding a glass to drink. This activity is the process of eating food after it is placed in front of the client.

- **Does Not Need Help**. Client is able to perform all of the activities without using equipment or the supervision or assistance of another. **(I = Independent)**

- **Mechanical Help Only**. Client usually needs equipment or a device, such as hand splints, adapted utensils, and/or nonskid plates, in order to complete the eating process. Clients needing mechanically adjusted diets (pureed food) and/or food chopped are included in this category. **(d = semi-dependent)**

- **Human Help Only (D=Dependent)**

  - **Supervision (Verbal Cues, Prompting)**. Client feeds self, but needs verbal cues and/or prompting to initiate and/or complete the eating process.

  - **Physical Assistance (Set-up, Hands-On Care)**. Client needs assistance to bring food to the mouth, cut meat, butter bread, open cartons and/or pour liquid due to an actual physical or mental disability (e.g., severe arthritis, Alzheimer's). This category must **not** be checked if the client is able to feed himself but it is more convenient for the caregiver to complete the activity.

- **Mechanical and Human Help.** Client usually needs equipment or a device and requires assistance of other(s) to eat. **(D=Dependent)**

- **Performed By Others.** Includes clients who are spoon fed; fed by syringe or tube, or clients who are fed intravenously (IV). *Spoon fed* means the client does not bring any food to his mouth and is fed completely by others. *Fed by syringe or tube* means the client usually is fed a prescribed liquid diet via a feeding syringe, NG-tube (tube from the nose to the stomach) or G-tube (opening into the stomach). *Fed by I.V.* means the client usually is fed a prescribed sterile solution intravenously. **(DD=Dependent/Totally Dependent)**

Continence (UAI, page 4)

Continence is the ability to control urination (bladder) and elimination (bowel). Incontinence may have one of several different causes, including specific disease processes and side effects of medications. Helpful questions include, "Do you get to the bathroom on time?"; "How often do you have accidents?", and "Do you use pads or adult diapers?"

Bowel Continence

Bowel: The physiological process of elimination of feces.

- **Does Not Need Help.** The client voluntarily controls the elimination of feces. If the client on a bowel program never empties his or her bladder without stimulation or a specified bowel regimen, he or she is coded as "Does not need help," and the bowel/bladder training is noted under medical/nursing needs. In this case, there is no voluntary elimination; evacuation is planned. If a client on a bowel regimen also has occasions of bowel incontinence, then he or she would be coded as incontinent, either less than weekly or weekly or more. **(I = Independent)**

- **Incontinent Less than Weekly.** The client has involuntary elimination of feces less than weekly (e.g., every other week). **(d = semi-dependent)**

- **Ostomy - Self Care.** The client has an artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy) and he completely cares for the ostomy, stoma, and skin cleansing, dressing, application of appliance, irrigation, etc. *Clients who use pads or adult diapers and correctly dispose of them should be coded here.* **(d = semi-dependent)**

- **Incontinent Weekly or More.** The client has involuntary elimination of feces at least once a week. *Clients who use pads or adult diapers and do not correctly dispose of them should be coded here.* **(D=Dependent)**

- **Ostomy - Not Self Care.** The client has an artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy) and another person cares for the ostomy: stoma and skin cleansing, dressing, application of appliance, irrigations, etc. **(DD=Dependent/Totally Dependent)**

Bladder Continence

Bladder: The physiological process of elimination of urine.

- **Does Not Need Help**. The client voluntarily empties his or her bladder. Clients on dialysis who have no urine output would be coded "Does not need help" as he or she does not perform this process. Dialysis will be noted under medical/nursing needs. Similarly, individuals who perform the Crede method for himself or herself for bladder elimination would also be coded "Does not need help." **(I = Independent)**

- **Incontinent Less than Weekly.** The client has involuntary emptying or loss of urine less than weekly. **(d = semi-dependent)**

- **External Device, Indwelling Catheter, or Ostomy - Self Care.** The client has an urosheath or condom with a receptacle attached to collect urine (external catheter); a hollow cylinder passed through the urethra into the bladder (internal catheter) or a surgical procedure that establishes an external opening into the ureter(s) (ostomy). The client completely cares for urinary devices (changes the catheter or external device, irrigates as needed, empties and replaces the receptacle) and the skin surrounding the ostomy. *Clients who use pads or adult diapers and correctly dispose of them should be coded here.* **(d = semi-dependent)**

- **Incontinent Weekly or More.** The client has involuntary emptying or loss of urine at least once a week. *Clients who use pads or adult diapers and do not correctly dispose of them should be coded here.* **(D=Dependent)**

- **External Device - Not Self Care.** Client has an urosheath or condom with a receptacle attached to collect urine. Another person cares for the client's external device. **(DD=Dependent/Totally Dependent)**

- **Indwelling Catheter - Not Self Care.** Client has a hollow cylinder passed through the urethra into the bladder. Another person cares for the client's indwelling catheter. This category includes clients who self-catheterize, but who need assistance to set-up, clean up, etc. **(DD=Dependent/Totally Dependent)**

- **Ostomy - Not Self Care.** Client has a surgical procedure that establishes an external opening into the ureter(s). Another person cares for the client's ostomy. **(DD=Dependent/Totally Dependent)**

Ambulation (UAI, Page 4)

Ambulation is the ability to get around indoors (walking) and outdoors (mobility), climb stairs and wheel. Clients who are confined to a bed or chair must be shown as needing help for all ambulation activities. This is necessary in order to show their level of functioning/dependence in ambulation accurately. Clients who are confined to a bed or a chair are coded **Is Not Performed** for all ambulation activities. Specific information for each ambulation activity is given below.

Walking

Walking: The process of moving about indoors on foot or on artificial limbs.

- **Does Not Need Help**. Client usually walks steadily more than a few steps without the help of another person or the use of equipment. Do not code here clients confined to a bed or a chair. **(I = Independent)**

- **Mechanical Help Only**. Client usually needs equipment or a device to walk. Equipment or device includes splints, braces, crutches, special shoes, canes, walkers, handrails and/or furniture. **(d = semi-dependent)**

- **Human Help Only (D = Dependent)**

  - **Supervision (Verbal Cues, Prompting)**. Client usually requires the assistance of another person who provides verbal cues or prompting.

  - **Physical Assistance (Set-up, Hands-On Care)**. Client usually requires assistance of another person who provides physical support, guarding, guiding or protection.

- **Mechanical and Human Help.** Client usually needs equipment or a device *and* requires assistance of other(s) to walk. **(D = Dependent)**

- **Is Not Performed.** The client does not usually walk. Clients who are bedfast would be coded here. The client may be able to take a few steps from bed to chair with support, but this alone does not constitute walking and should be coded as **Is Not Performed**. **(D = Dependent)**

Wheeling

Wheeling: The process of moving about by a wheelchair. The wheelchair itself is not considered a mechanical device for this assessment section.

- **Does Not Need Help**. The client usually does not use a wheelchair, or the client uses a wheelchair and independently propels it. *Do not code here clients confined to a bed or chair*. **(I = Independent)**

- **Mechanical Help Only**. Client usually needs a wheelchair equipped with an adaptation(s) such as an electric chair, amputee chair, one-arm drive, or removable armchair. **(d = semi-dependent)**

- **Human Help Only (D = Dependent)**

  - **Supervision (Verbal Cues, Prompting)**. Client usually needs a wheelchair and requires the assistance of another person who provides prompting or cues.

  - **Physical Assistance (Set-up, Hands-On Care)**. Client usually needs a wheelchair and requires assistance of another person to wheel.

- **Mechanical and Human Help.** Client usually needs an *adapted* wheelchair *and* requires assistance of other(s) to wheel. **(D = Dependent)**

- **Performed By Others.** Client is transported in a wheelchair and does not propel or guide it. The client may wheel a few feet within his own room or within an activity area, but this alone does not constitute wheeling. **(D = Dependent)**

- **Is Not Performed.** The client is confined to a chair or a wheelchair that is not moved, or the client is bedfast. This does not include clients who usually do not use a wheelchair to move about. **(D = Dependent)**

Stair Climbing

Stair Climbing: The process of climbing up and down a flight of stairs from one floor to another. *If the client does not live in a dwelling unit with stairs, ask whether he can climb stairs if necessary.*

- **Does Not Need Help**. Client usually climbs up and down a flight of stairs without difficulty on his own. Do not code here clients confined to a bed or a chair. **(I = Independent)**

- **Mechanical Help Only**. Client usually needs equipment or a device to climb stairs. Equipment or device includes splints, special shoes, leg braces, crutches, canes, walkers and special hand railings. Regular hand railings are considered equipment

if the person is dependent upon them to go up or down the stairs. **(d = semi-dependent)**

- **Human Help Only (D = Dependent)**
  - **Supervision (Verbal Cues, Prompting)**. Client usually requires assistance, such as guiding and protecting, from another person.
  - **Physical Assistance (Set-up, Hands-On Care)**. Client usually requires assistance from another person who physically supports the client climbing up or down the stairs.
- **Mechanical and Human Help.** Client usually needs equipment or a device *and* requires assistance of other(s) to climb stairs. **(D = Dependent)**
- **Is Not Performed.** The client is unable to climb a flight of stairs due to mental or physical disabilities. **(D = Dependent)**

Mobility

Mobility: The extent of the client's movement outside his or her usual living quarters. Evaluate the client's ability to walk steadily and his or her level of endurance.

- **Does Not Need Help**. Client usually goes outside of his or her residence on a routine basis. If the only time the client goes outside is for trips to medical appointments or treatments by ambulance, car, or van, do not code the client here because this is not considered going outside. These clients would be coded either in the "confined - moves about" or "confined - does not move about" categories. **(I = Independent)**
- **Mechanical Help Only**. Client usually needs equipment or a device to go outside. Equipment or device includes splint, special shoes, leg braces, crutches, walkers, wheelchairs, canes, handrails, chairlifts, and special ramps. **(d = semi-dependent)**
- **Human Help Only (D = Dependent)**
  - **Supervision (Verbal Cues, Prompting)**. Client usually requires assistance from another person who provides supervision, cues, or coaxing to go outside.
  - **Physical Assistance (Set-up, Hands-On Care)**. Client usually receives assistance from another person who physically supports or steadies the client to go outside.
- **Mechanical and Human Help**. Client usually needs equipment or a device and requires assistance of other(s) to go outside. **(D = Dependent)**
- **Confined - Moves About**. Client does not customarily go outside of his or her residence, but does go outside of his or her room. **(D = Dependent)**
- **Confined - Does Not Move About**. The client usually stays in his or her room. **(D = Dependent)**

Instrumental Activities of Daily Living (UAI, Page 4)

IADLs are more complex than activities related to personal self-care. Personal motivation may play a very important role in a person's ability to perform IADLs. For example, a depressed person may neglect activities such as cooking and cleaning. IADLs may also measure a person's social situation and environment rather than ability level. For example, the inability to cook, for one who has never cooked, does not necessarily reflect impaired capacity. In both of these situations, the assessor should probe to get information about the type of help needed to do the activity.

Level of Functioning

- **Does Not Need Help** means the client does not require personal assistance from another to complete the entire activity in a safe manner. Clients who need equipment, but receive no personal assistance, are included in this category. **(I = Independent)**

- **Does Need Help** means the client needs personal assistance, including supervision, cueing, prompts, set-up, and/or hands-on help to complete the entire activity in a safe manner. (D = Dependent) Activities

- **Meal Preparation:** The ability to plan, prepare, cook, and serve food. If it is necessary for someone to bring meals to the client, which he or she reheats, this is considered needing help.

- **Housekeeping:** The ability to do light housework such as dusting, washing dishes, making the bed, vacuuming, cleaning floors, and cleaning the kitchen and bathroom.

- **Laundry** (washing and drying clothes): This includes putting clothes in and taking them out of the washer/dryer and/or hanging clothes on and removing them from a clothesline, and ironing, folding, and putting clothes away. If the client lives with others and does not do his or her own laundry, be sure to ask whether he or she could do laundry.

- **Money Management:** This does not refer to handling complicated investments or taxes. It refers to the client's ability to manage day-to-day financial matters such as paying bills, writing checks, handling cash transactions, and making change.

- **Transportation**: The ability to use transportation as well as access to transportation. It includes the ability to either transport oneself or arrange for transportation, to get to and from, and in and out of the vehicle (i.e., a car, taxi, bus, or van). It is important to make note of the client's main source of transportation, especially for those who rely on public services.

- **Shopping**: The ability to get to and from the store, obtain groceries and other necessary items such as clothing, toiletries, household goods and supplies, pay for them, and carry them home. Not having access to transportation does not make the person dependent in shopping. It is important to determine whether the client would be *able* to shop by himself, regardless of whether he or she currently has help with shopping.

- **Using the Telephone**: The client's ability to look up telephone numbers, dial, hear, speak on, and answer the telephone. If the client has no telephone, ask about the ability to use a telephone somewhere else.

- **Home Maintenance:** The ability to do activities such as yard work, making minor repairs, carrying out the trash and washing windows. These activities are less frequent than housework activities.

This concludes the short component (screen) of the assessment. If you are continuing with the full assessment, mark the first response. If only the short assessment is planned at this time, specify whether service referrals will or will not be made. In the last two spaces, record the name and agency of the person completing the short assessment. It is helpful to record the assessor's telephone number.

SECTION III OF THE UAI: PHYSICAL HEALTH ASSESSMENT

The physical health assessment is multi-dimensional and looks at the use of medical services, diagnoses, medication profiles, sensory functions, physical status, nutrition, and ongoing medical/nursing needs. Understanding medical conditions frequently present in the frail, older person is essential to determining whether a condition is "life threatening" or interferes with Activities of Daily Living.

Professional Visits/Medical Admissions (UAI, Page 5)

Doctors' Names (UAI, Page 5)
Record the names of all doctors the client *currently* sees. This includes psychiatrists or other physicians seen for emotional or mental health reasons. In the spaces provided, list each doctor's telephone number, and the date and reason for the last visit to the doctor. The exact date of the last visit is not needed; an approximate date, such as "11/98," will suffice.

Admissions (UAI, Page 5)
Record any admissions to hospitals, nursing facilities, or assisted living facilities in the *past 12 months* for medical or rehabilitation reasons. Record the name of the place, the admission date, and the length of stay, and reason for the admission. The exact date of the admission is not needed; an approximate date, such as "11/98," will suffice. If there have been multiple hospital, nursing facility, or assisted living facility admissions in the past 12 months, only record the most recent one in the space provided. Other admissions can be recorded in the blank space below this question or in the Comment section. Do not include admissions for emotional or nervous problems here; these are documented in the Psycho-Social Assessment section, page 10. Emergency room visits are not considered admissions; dates of emergency room visits should be recorded in the Comments Section.

Advance Directives (UAI, Page 5)
The Virginia Advance Medical Directive has three components: the Living Will, the Durable Power of Attorney for Health Care, and Appointment of Agent to Make Anatomical Gift. The Living Will and the Durable Power of Attorney for Health Care allow a client to name another person to make decisions on his behalf when death is inevitable, when the client is in a persistent vegetative state, or when the client is not dying but is unable to make his own decision. Use the space provided to record where any documents are located and/or who has the documents. Other advance directives might include prepaid funeral or burial funds, or in the case of an appointment of an agent to make an anatomical gift, they might include organ donation.

Diagnoses & Medication Profile (UAI, Page 5)

Diagnoses (UAI, Page 5)
Record all diseases and injuries, *as determined by a physician(s),* that are currently affecting the client. A suggested way to gather this information is to say, "Has a doctor told you that you have (review the list)?" The diagnoses include mental illness and mental retardation diagnoses. General

information on diagnoses is provided in **APPENDIX D**. Record the name of each active diagnosis and the approximate date of onset. It is not necessary to record the exact date of onset. The objective is to get a sense of how long the problem has existed.

Use the list of diagnoses and codes to enter the codes for the three major, active diagnoses confirmed by a physician. If there are more than three major, active diagnoses, code the unstable and/or life threatening ones first. Any active diagnosis not listed should be given a code of "42." If the client currently has no active diagnoses, check "None." The intent of coding only diagnoses that are determined by a physician is to avoid coding ailments, complaints, etc. that have *not* been verified by a medical professional. However, information about ailments, complaints, and other problems is important and may indicate a need for follow-up and/or a medical evaluation. Assessors do not code this information, but should still note it in the blank area on this page or in the Comment Section of the assessment form.

Common abbreviations used in long-term care can be found in **APPENDIX F**. Selected medical terminology is found in **APPENDIX G.**

Diagnosis	Code
Alcoholism/Substance Abuse	**01**
Blood-Related Problems	**02**
Cancer	**03**
Cardiovascular Problems/ Circulation Problems	**04**
Heart Trouble	**05**
High Blood Pressure	**06**
Other Cardiovascular Problems	**07**
Dementia/Alzheimer's	**08**
Non-Alzheimer's Dementia	**09**
Developmental Disabilities/ Mental Retardation	**10**
Autism	**11**
Cerebral Palsy	**12**
Epilepsy	**13**
Friedreich's Ataxia	**14**
Multiple Sclerosis	**15**
Muscular Dystrophy	**16**
Spina Bifida	**17**
Digestive/Liver/Gall Bladder Problems	**18**
Endocrine (Gland) Problems/ Diabetes	**19**
Other Endocrine Problems	**20**
Eye Disorders	**21**
Immune System Disorders	**22**
Muscular/Skeletal Arthritis/Rheumatoid Arthritis	**23**
Osteoporosis	**24**
Other Muscular/Skeletal Problems	**25**
Neurological Problems	
Brain Trauma/Injury	**26**
Spinal Cord Injury	**27**
Stroke	**28**
Other Neurological Problems	**29**
Psychiatric Problems:	
Anxiety Disorders	**30**
Bipolar Disorder	**31**
Major Depression	**32**
Personality Disorder	**33**
Schizophrenia	**34**
Other Psychiatric Problems	**35**
Respiratory Problems:	
Black Lung	**36**
COPD	**37**
Pneumonia	**38**
Other Respiratory Problems	**39**
Urinary/Reproductive Problems:	
Renal Failure	**40**
Other Urinary/ Reproductive Problems	**41**
All Other Problems	**42**

Medications (UAI, Page 5)

List all medications, including prescription and over-the-counter (OTC), that the client *currently* takes. Prescribed medications include those to be taken regularly and those ordered to be taken as needed (PRN). OTC medications include vitamins, laxatives, antacids, etc. If possible, record the dose (amount), frequency (number of times per day the medication is taken), route of admission (i.e., by mouth, injection, inhalant, suppository) and reason prescribed. It is helpful to ask to see medication bottles in order to record the information requested and to check the last refill date to confirm that necessary medication is currently being taken.

Record the total number of medications the client is *currently* taking. Although the history of medication use is important, only record the number of current medications. For clients taking multiple medications, it is important to find out about potential interactions between prescribed,

over-the-counter, or both types of medications. A list of medications and their usual and customary use is found in **APPENDIX M.**

Of the total number, record how many are tranquilizers and/or psychotropic drugs. Psychotropic drugs include any substances that have an altering effect on the mind. A list of common psychotropic drugs, and their generic names, is included in **APPENDIX E**. This list is not inclusive, but can be used as a guide. Major psychiatric symptoms and disorders occur in 15-25 percent of persons aged 65 and older. Two-thirds of the elderly take 5-12 medications daily, and psychotropic drugs are the third most commonly prescribed medication among the elderly, surpassed only by cardiovascular drugs and analgesics (Cadieux, 1993).

NOTE: If the client is not currently taking any medications, write in "0" for *Total Number of Medications,* answer the question *"Do you have any problems with medicines?"* and check *Without Assistance* for the question *"How do you take your medications?"* PLEASE IGNORE THE NOTE ON THE UAI THAT ASKS THE ASSESSOR TO "SKIP TO SENSORY FUNCTIONS."

Problems with Medications (UAI, Page 5)

Record all problems related to either getting or taking medicine. These are not necessarily problems that have been confirmed/diagnosed by a physician. Problems with non-compliance would be coded as "Yes" for the category *Taking Them as Instructed/Prescribed.*

Taking Medications (UAI, Page 5)

Assess how the client takes his medicine. Focus on what is needed rather than what is happening. For example, a client who is able to take his or her medicine without any help, *but who uses help because it is available,* should be coded as *Without Assistance*. Likewise, a client who is taking his or her medication without any help, but who clearly needs help because he or she is not taking the medicine correctly, should be coded as one of the other methods of taking medications, as appropriate. For those needing some type of assistance taking medicine, use the space provided to record the type of help and the name of the helper. It is very important to record accurate information here because this question is critical to determining eligibility for some long-term care and aging services.

- **Without Assistance or No Medications** means the client takes medication without any assistance from another person or does not take any medications.

- **Administered/Monitored by lay person(s)** means the client needs assistance of a person without pharmacology training to either administer or monitor medications. This includes medication aides in assisted living facilities (certified but not licensed).

- **Administered/Monitored by Professional Nursing Staff** means the client needs licensed or professional health personnel to administer or monitor some or all of the medications.

Sensory Functions (UAI, Page 6)

Vision, Hearing, Speech (UAI, Page 6)
Sensory functions refer to sight, hearing and speech. Within each function, code for the greatest degree of impairment. If there is an impairment, mark whether or not there is compensation. If there is compensation, record the type/method. If there is no compensation, record the reason for the lack of compensation. Use the space in the box to also record the date of onset of the impairment and the type of impairment. In the last column, record the date of the client's last eye, ear and speech exam. It is not necessary to record exact dates. Approximate dates, such as "11/05," will suffice. **APPENDIX J** contains indicators to help decide whether to refer someone to the Virginia Department for the Blind and Vision Impaired for a more specialized assessment.

- **No Impairment** means no loss of vision or hearing, or the client speaks with no impediment.

- **Impairment - Compensation** means seeing/hearing is restricted in one or both eyes/ears and compensation improves sight/hearing, or there are impairments to the normal production of speech and compensation improves speech. Compensation includes the effective use of devices such as glasses, hearing aids and communication boards.

- **Impairment - No Compensation** means seeing/hearing is restricted in one or both eyes/ears and either compensation does not improve sight/hearing or there is no compensation, or there are impairments to the normal production of speech and either compensation does not improve speech or there is no compensation.

- **Complete Loss** means the client has no vision/hearing abilities and/or has lost the ability to process language/produce speech.

Physical Status (UAI, Page 6)

Joint Motion (UAI, Page 6)
Assess the client's ability to move his or her fingers, arms and legs (active Range of Movement - ROM) or, if applicable, the ability of someone else to move the client's fingers, arms and legs (passive ROM). If necessary, the assessor may ask the client to demonstrate if he or she can raise his or her arms above his or her head or wiggle his or her fingers.

- **Within Normal Limits or Instability Corrected** means the joints can be moved to functional motion without restriction, *or* a joint does not maintain functional motion and/or position when pressure or stress is applied but has been corrected by the use of an appliance or by surgical procedure. **(I = Independent)**

- **Limited Motion** means partial restriction in the movement of a joint including any inflammatory process in the joint causing redness, pain and/or swelling that limits the motion of the joint. **(d = semi-dependent)**

- **Instability Uncorrected or Immobile** means a joint does not maintain functional motion and/or position when pressure or stress is applied and the disorder has not been surgically corrected or an appliance is not used, *or* there is total restriction in the movement of a joint

(e.g., contractures, which are common in individuals who have had strokes). **(D = Dependent)**

Fractures/Dislocations (UAI, Page 6)
Record whether or not the client has *ever* fractured or dislocated bones. If no, check "None" and skip the next two questions in the column. If yes, record the type of fracture/dislocation, whether a rehabilitation program was completed and the approximate date the fracture/dislocation occurred.

- **Hip Fracture** is a break in the femur in the area of the hip.
- **Other Broken Bones** is a break in other bones of the body. This category includes compression fractures.
- **Dislocation** is the displacement or temporary removal of a bone from its normal position in the joint.
- **Combination** is a combination of broken bone(s), fractures and dislocation(s).
- **Previous Rehabilitation Program** refers to the completion of a planned therapy and/or other restorative program intended to improve or restore the client's functional use of the part of the body impaired by the dislocation or fracture.
- **Date** refers to how recently the fracture(s) or dislocation(s) occurred.

Missing Limbs (UAI, Page 6)
Record whether or not the client is missing all or part of an upper or lower extremity due to trauma, congenital malformation or surgical procedure. If no, check "None" and skip the next two questions in the column. If yes, record the type of missing limb, whether a rehabilitation program was completed, and the approximate date of the amputation.

- **Fingers or Toes** means the absence of one or more fingers and/or toes.
- **Arms** means the absence of some portion of the hand, lower arm, elbow, or upper arm to the shoulder joint.
- **Leg** means the absence of some portion of the foot, lower leg, or upper leg to the hip joint.
- **Combination** is any combination of missing limbs.
- **Previous Rehabilitation Program** refers to the completion of a planned program of therapy and/or other restorative program intended to improve or restore the client's ability to perform the functions of the missing body part.
- **Date** refers to how recently the loss of the missing limb occurred.

Paralysis/Paresis (UAI, Page 6)
Record whether or not the client has *ever* suffered from paralysis or paresis. **Paralysis** is the loss of voluntary motion of a part of the body with or without the loss of sensation. **Paresis** is partial or incomplete paralysis (i.e., weakness). If no, check "None" and skip the next two questions in the column. If the client has ever suffered from paralysis or paresis, record the type of paralysis/paresis, whether a rehabilitation program was completed, and the date of onset.

When recording the type of paralysis/paresis, use as much detail as possible. For example, note whether the client is:

- Paraplegic (paralysis of the lower half of the body, including both legs);
- Hemiplegic (paralysis of one side of the body, including both the arm and leg); or
- Quadriplegic (paralysis of the body, including all four extremities).

Code paralysis/paresis as follows:

- **Partial Paralysis/Paresis** is the paralysis of a single extremity, part of an extremity, one half of the body, one side of the body and/or a combination of these.

- **Total Paralysis/Paresis** is the paralysis of both sides of the body or the entire body.

- **Previous Rehabilitation Program** refers to the completion of a planned therapy and/or other restorative program intended to improve or restore the client's functional use of the part of the body paralyzed.

- **Onset** refers to how recently the paralysis/paresis occurred.

Nutrition (UAI, Page 6)

Height/Weight (UAI, Page 6)

Record what the client reports to be his or her height (in inches) and weight (in pounds). If the client has undergone a bilateral amputation, record his or her height *prior* to the amputation. Record whether there has been recent weight gain and/or loss over 10 percent. If yes, provide details in the space provided (e.g., indicate whether recent weight change is gain or loss). This question is important because a 10% unintentional weight gain or loss may indicate a health problem.

If the individual is unable to report his or her weight, the assessor should consult with others who may have this information or use his or her professional judgment to estimate the individual's weight. Height and weight must be recorded.

Special Diet (UAI, Page 6)

Record whether the client is on a special diet, *as prescribed by his or her physician*.

- **Low Fat/Low Cholesterol** - Protein and carbohydrates are increased with a limited amount of fat in the diet. (This diet is often prescribed for clients with heart disease, gallbladder disease, disorders of fat digestion, and liver disease.)

- **No/Low Salt** - Either no salt or only a specific amount of sodium (salt) is allowed. (Low sodium diets are often ordered for clients with heart disease, high blood pressure, liver disease, or kidney disease.)

- **No/Low Sugar** - The amount of carbohydrates, starch, protein and fat, and the number of calories are regulated. (No/Low sugar diets are often ordered for clients with hypoglycemia, hyperglycemia and diabetes.)

- **Combination/Other** - Combination of low fat/cholesterol and no/low salt/sugar, or some other special diet. An example of a special diet is fluid restriction due to kidney problems. Specify the type of combination/other special diet in the space provided.

Dietary Supplements (UAI, Page 6)
Record whether or not the client takes food or fluid in addition to regular meals to supplement nutritional intake (e.g., Ensure, Isocal, or Sustacal). Assessors should note whether dietary supplements are prescribed by a physician.

- **Occasionally** - Supplements are taken less than daily.

- **Daily, Not Primary Source** - Supplements are taken daily, but are not the primary source of nutrition. In other words, the client eats some food, but supplements are taken daily to add nutrients and/or calories.

- **Daily, Primary Source** - Client *may be unable* to take oral nutrition, or oral intake that can be tolerated is inadequate to maintain life. Supplements are taken daily and the focus is on maintenance of weight and strength. These clients may still eat other food. Equipment may be used to take the supplement(s).

- **Daily, Sole Source** - Client *is unable* to swallow or absorb any oral nutrition and equipment must be used (nasogastric tube (NG tube) or gastric tube (G-tube)). For these clients, the supplement is all they take.

Dietary Problems (UAI, Page 6)
Record all problems that make it difficult for the client to eat.

- **Food Allergies** refers to specific foods to which the client is allergic. It is important to distinguish between real food allergies and personal dislikes. The assessor should note the type of food allergy in the space available.

- **Inadequate Food/Fluid Intake** means the amount of food/fluid intake is not adequate for daily requirements.

- **Nausea/Vomiting/Diarrhea** which occurs before or after eating or another time of day.

- **Problems Eating Certain Foods** means certain foods cannot be eaten or must be eaten very carefully (e.g., small bites chewed thoroughly).

- **Problems Following Special Diets** means the client does not understand and/or follow the treatment plan resulting in health problems. One example is a diabetic who does not follow his or her diet plan.

- **Problems Swallowing** refers to structural problems with the esophagus (stricture, tumor, or cancer of the palate, mouth, or throat or result of a neurological condition such as a CVA or Parkinson's disease).

- **Taste Problems** means clients refuse foods because of an inability to taste or taste that is unacceptable.

- **Tooth or Mouth Problems** may include problems which make it difficult to chew. Note dental problems, such as decaying teeth or need for adequately fitting dentures, in the space available. Be specific when asking about dentures (i.e., "Do you have dentures?", "Are they causing pain?", "Do they fit properly?")

- **Other** means to specify other problem(s) that make it difficult for the client to eat.

Current Medical Services (UAI, Page 7)

Rehabilitation Therapies (UAI, Page 7)

Record all medical-social rehabilitation therapies professionally prescribed and currently administered by qualified trained personnel to maintain the client's present status or to improve or resolve a complication or condition resulting from an illness or injury. Do not include maintenance activities provided by untrained, non-professionals (e.g., the continuation of therapy which is not under direct supervision of a trained therapist).

- **Occupational Therapy** is training in self-care activities to improve functioning in ADLs/IADLs.

- **Physical Therapy** includes treatments of the muscular system to relieve pain, restore function and/or maintain performance.

- **Reality/Re-motivation** includes small group activities to stimulate awareness, interaction, verbalization, self-esteem and self-sufficiency.

- **Respiratory Therapy** includes chest therapy, breathing treatments and inhalation therapy.

- **Speech Therapy** includes services to correct and improve speech and language.

Pressure Ulcers (UAI, Page 7)

A pressure ulcer is ulceration or dead tissue overlying a bony prominence that has been subjected to pressure or friction. Other terms used to indicate this condition include bedsores and decubitus ulcers. If a pressure ulcer(s) is/are present, record the highest stage or most severe ulcer on the client's body. Note the location and approximate size of the ulcer if known.

- **Stage I** is a persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved. Stage I ulcers commonly appear on parts of the body that protrude out, such as elbows.

- **Stage II** is a partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.

- **Stage III** is a full thickness loss of skin, exposing the subcutaneous tissues which presents as a deep crater with or without undermining adjacent tissue.

- **Stage IV** is when a full thickness of skin and subcutaneous tissue is lost, exposing muscle and/or bone.

Special Medical Procedures (UAI, Page 7)

Record all treatments *ordered by the client's physician(s)*. These include procedures administered by the client or family or those provided or supervised by licensed nursing personnel. If the procedure is not self-administered, make note of the person providing the treatment. For all procedures, record the site, type and frequency.

- **Bowel/Bladder Training** is training to restore control of bowel or bladder functioning. Programs to control the timing of involuntary bowel/bladder emptying are not considered special medical procedures.

- **Dialysis** is the mechanical purification of the blood by filtering toxins or poisons from the blood, a function normally performed by the kidneys.

- **Dressing/Wound Care** is the application of material to any type of wound that is more than a simple redness or abrasion (e.g., pressure ulcer, surgical wound, skin tear, second-degree or third-degree burn) for the purpose of promoting healing, for exclusion of air or for the absorption of drainage.

- **Eye care** refers to the administration of prescribed eye drops or ointment.

- **Glucose/Blood Sugar** is the routine testing or monitoring of sugar level in the blood.

- **Injections/IV Therapy** includes injections (shots) administered by the client, caregiver, or health care professional, or professional teaching on the administration of injections.

- **Oxygen** is the use of continuous or intermittent oxygen via nasal catheter, mask or oxygen tent.

- **Radiation/Chemotherapy** is the treatment of cancer with radiation or drug therapy.
- **Restraints** are uses of appliances (physical) or medications (chemical) to restrict/confine movement.

- **Range of Motion (ROM) Exercises** are exercises prescribed to move joints through full motion.

- **Trach Care/Suctioning** is the cleaning or changing of an artificial (or mechanical) airway in the trachea.

- **Ventilator** care is the care of ventilator dependent clients. These clients are unable to breathe on their own or are unable to breathe deeply or often enough to maintain an adequate level of oxygen in the blood.

Ongoing Medical/Nursing Needs (UAI, Page 7)

Based on the client's overall condition, the assessor should evaluate whether the client has ***ongoing*** medical and/or nursing needs. An individual with medical or nursing needs is someone whose health needs require medical or nursing supervision, or care *above the level* which could be provided through assistance with activities of daily living, medication administration and general supervision, and is not primarily for the care and treatment of mental diseases (mental diseases applies to conditions of mental illness; it does not include conditions of dementia/Alzheimer's disease). Medical or nursing supervision or care is required when any one of the following describes the individual's need for medical or nursing supervision:

- The individual's medical condition requires observation and assessment to assure evaluation of the person's need for modification of treatment or additional medical procedures to prevent destabilization, and the person has demonstrated an inability to self observe and/or evaluate the need to contact skilled medical professionals; or

- Due to the complexity created by the person's multiple, interrelated medical conditions, the potential for the individual's medical instability is high or medical instability exists; or

- The individual requires at least one ongoing medical/nursing service. The following is a non-exclusive list of medical/nursing services which may, but need not necessarily, indicate a need for medical or nursing supervision or care:

  a. Application of aseptic dressings;
  b. Routine catheter care;
  c. Respiratory therapy;
  d. Supervision for adequate nutrition and hydration for individuals who show clinical evidence of malnourishment or dehydration or have recent history of weight loss or inadequate hydration which, if not supervised, would be expected to result in malnourishment or dehydration;
  e. Therapeutic exercise and positioning;
  f. Routine care of colostomy or ileostomy or management of neurogenic bowel and bladder;
  g. Use of physical (e.g., side rails, poseys, locked wards) and/or chemical restraints. Note: This would cover those individuals with Alzheimer's disease who have attained that stage of the disease where they cannot be safely managed unless in a locked ward or in a posey restraint. This describes a level of care, which could not be managed in a home for adults or in a private home, but continues to exclude the individual with early Alzheimer's disease who just requires some supervision and reminders;
  h. Routine skin care to prevent pressure ulcers for individuals who are immobile;
  i. Care of small, uncomplicated pressure ulcers and local skin rashes;
  j. Management of those with sensory, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability;
  k. Chemotherapy;

l. Radiation;
m. Dialysis;
n. Suctioning;
o. Tracheostomy care;
p. Infusion therapy; or
q. Oxygen.

"Ongoing" means that the medical/nursing needs are continuing, not temporary, or where the patient is expected to undergo or develop changes with increasing severity in status. "Ongoing" refers to the need for daily direct care and/or supervision by a licensed nurse that cannot be managed on an outpatient basis.

Specify the ongoing medical/nursing needs in the space provided. A client who is receiving rehabilitation services and/or a special medical procedure does not automatically have ongoing medical/nursing needs.

For nursing home preadmission screening purposes, patients with early states of dementia/Alzheimer's disease who require some supervision and reminders will NOT have developed medical/nursing needs. However, as the disease progresses, the individual will require daily observation and assessment to prevent destabilization. The areas of observation frequently include supervision for adequate nutrition and hydration due to recent history of weight loss or inadequate hydration or the use of physical/chemical restraints.

In addition, a person with dementia can be determined to have medical/nursing needs even if the individual's current medical condition appears stable. Such individuals are usually unable to self-observe and/or report any physical symptoms of illness, are unable to control adequate food and fluid intake without close supervision, and may require, depending on behavior pattern, the use of a physical or chemical restraint or must be restricted to a secured environment. However, if the individual being assessed is seeking nursing facility placement or Medicaid-funded waiver services, the screening committee must determine that the individual cannot be maintained in an alternative institutional setting.

Signatures (UAI, Page 7)

At the bottom of the page is space for the physician's signature. There is also space for the signature of others, such as a facility administrator. Depending on the type of assessment being performed, these signatures may or may not be optional. The purpose of the signature is to certify that the information found in the physical health section of the assessment is accurate and complete.

The presence of cognitive problems and mental impairments can have an impact on the ability of a client to live independently. Cognitive problems are caused by a variety of diseases and conditions. Of all the losses suffered by a client, cognition is the most difficult to assess and handle, and it has the most pervasive effect on overall functioning. Cognitive impairments can affect a person's memory, judgment, conceptual thinking and orientation. In turn, these can limit the ability to perform ADLs and IADLs. When assessing clients for possible cognitive impairment, it is important to distinguish between normal minor losses in intellectual functioning and the more severe intellectual impairments caused by cognitive disorders such as Alzheimer's Disease or Organic Brain Syndrome (OBS). Some intellectual dysfunction may be caused by a physical disorder or by side effects or interactions of medications.

In some cases, you may want to ask the cognitive questions at the beginning of the interview. This may be appropriate for a client when it becomes apparent during the initial time with him or her that he or she may not be capable of participating in the full assessment process or that you may not be able to obtain meaningful information directly from the client.

Cognitive function questions should be approached in a very matter-of-fact manner. The interviewer should state the following instructions: "Sometimes people have trouble remembering things. If you do not know the answers to some of the next questions, that's okay. On the other hand, some of the answers may seem obvious." Do not make the client think that answering the questions is a pass/fail situation. If clients seem disconcerted by the questions, try to reassure them that they are doing fine. Then go on quickly to the next question. If you indicate to the client that his answers are correct or incorrect, increased anxiety may cause the client to miss other questions. Do not assume you know the client's answer to a particular question if you have not asked the question.

Remember to pay attention to the client's appearance, behavior and way of talking throughout the complete interview. This may give clues about his or her cognitive and emotional functioning.

As the assessor, it is important to remember that you are not diagnosing the client, but rather you are looking for some indicators of the possible need for a referral to the local community services board (CSB) or other mental health professional for a more thorough mental health and/or substance abuse assessment and possible diagnosis. (See **APPENDIX K** for indicators that may necessitate a mental health referral~~s~~). The assessor should refer such individuals to a mental health professional if there is any suspicion that the individual exhibits any of these indicators. The service provider, if any, should also be made aware of the referral for possible care-planning, treatment, and follow-up.

This section includes both required and optional cognitive questions. The required questions assess the client's cognitive function in a more general manner. The optional questions are from a validated instrument and can be used to develop a cognitive impairment score. This score then can be used to determine when a referral to a mental health provider is needed.

Required Questions. The six required questions are noted on the UAI in the shaded boxes and are in bold type. These questions are of a more general nature and are the minimum number of questions needed to measure cognitive function. Clients are asked three questions related to orientation (person, place and time), two for memory (short and long), and one for judgment.

Optional Questions. There are four optional questions that comprise a modified version of the Mini-Mental State Examination (MMSE) (Paveza, Gregory J. *A Brief Form of the Mini-Mental State Examination for Use in Community Care Settings.* ***Behavior***, Health and Aging, Vol. 1, 1990.) These questions address the client's awareness of place and time, recall and attention/concentration. The optional questions and instructions are written in italics located in shaded boxes on the UAI. The optional questions take the required questions one step further by prompting the client to provide more specific details. For example, instead of limiting the required question on time to "Would you tell me the date today?", ask the client for five specific areas of time (year, season, date, day, and month). Give the client one point for each of the five time questions that are answered correctly. The following section includes instructions for the MMSE in boxes with italic type.

People who have mental health, mental retardation, or substance abuse problems should be assisted to achieve the highest level of recovery, empowerment, and self-determination that is possible for them. In order to achieve this, applications to and residents of facilities such as assisted living facilities may need mental health, mental retardation, or substance abuse services. If a need for these services if identified, the client should be referred to the CSB, behavior health authority (BHA), or other appropriate licensed provider that serves the locality in which the person resides. Every effort should be made to support continuation of services or to inform the individual of available resources and to assist the individual in linking to those resources. It is not necessary to make a diagnosis or to complete a clinical assessment to make a referral to a CSB/BHA/licensed provider, but it is important to describe the behavior and/or symptoms that are observed on the screening matrix. ***The screening matrix found in APPENDIX K should be included with the UAI when it is forwarded to the provider who will care for the individual.***

APPENDIX K should be used as part of the overall UAI screening to determine the need for continuation of or linkage to mental health, mental retardation, or substance abuse services. If a need for these services is identified, the applicant or resident should be informed of the importance of further assessment, and with their consent, actions should be taken to link the applicant or resident with the CSB, behavior health authority (BHA), or other appropriate licensed provider that serves the locality where the person lives.

Key considerations to acknowledge during the completion of this part of the UAI should include:

- Any desired outcome that includes post-screening linkage of clients to appropriate MH/MR/SA services will require the full participation of the client or his or her legally authorized representative in the decision.

- Notification or referral to a new MH/MR/SA provider or interaction with an existing MH/MR/SA provider requires consent.

- The broader assessment, to be completed by a trained MH/MR/SA professional, will need to be fully defined to ensure consistency in application.

- The assessment is a service distinct from the traditional intake/admission and a billing code and reimbursement stream will need to be identified.

- Training of individuals responsible for conducting the APPENDIX K screening will be a critical factor in achieving the desired outcomes.

You will obtain important direct and indirect information from other sections of the UAI which can be used to complete the mental health assessment. Pay particular attention to the following aspects of the individual's appearance and behavior during the total interview with the client and/or caregiver for pertinent information about a person's cognitive and emotional behavior.

- **Demographic:** Can the client accurately give information about address, telephone number, date of birth, etc.?

- **Physical Environment:** Is the living area cluttered, unclean, with spoiled food around, or numerous animals not well cared for? Is there evidence of pests?

- **Appearance:** Does the client have soiled clothing and poor hygiene?

- **Functional Status:** Does the client have difficulty with physical/maintenance of ADLs? Does a once routine activity now seem too complex to the client? (This may indicate dementia.) Does the client start an activity and then stop in the middle of it? Does the client walk with unsteady gait, have trouble with balance, appear awkward? Does the client have slowed movements, everything seems an effort, tired, weak? Any of these may indicate the need for further evaluation.

- **IADLs:** Does the client have diminished or absent ability to do instrumental ADLs?

- **Health Assessment:** Does the client have somatic concerns: complain of headaches, dizziness, shortness of breath, heart racing, faintness, stomach or bowel disturbances (may indicate depression)? Does the client have trouble falling asleep awakening early or awakens for periods in the middle of the night? This may also indicate depression.

- **Medication:** Is there inappropriate use of misuse of prescribed and/or over-the-counter medications?

- **Speech:** Are there speech difficulties, slurring, word-finding problems, can't get ideas across? (may indicate dementia).

- **Fractures/Dislocations:** Does the client have fractures/bruises and is hesitant to give the cause?

- **Nutrition:** Does the client have problems with appetite--eating too much or too little? Does the client have an unhealthy diet?

- **Hospitalization/Alcohol Use:** Does the client have problematic alcohol use?

- **Cognitive:** Does the client appear confused, bewildered, confabulates answers, speaks irrelevantly or bizarrely to the topic? Is the client easily distracted, has poor concentration, responds inconsistently when questioned? Is the client aware of surroundings, time, place, and situation? Does the client misplace/lose personal possessions? (may or may no complain of this) Does the client have angry outbursts and agitation? Does the client have decreased recognition of family and familiar places?

- **Emotional/Social:** Does the client appear sad, blue, or despondent? Has crying spells, complains of feeling sad or blue, speaks and moves slowly, suffers significant appetite and sleep habit changes, has vague/somatic complaints and complains of memory impairments without objective

impairment? (may indicate depression) Does the client appear unusually excited or emotionally high? Show pressured, incessant and rapid speech? Brag, talk of unrealistic plans, show a decreased need for food or sleep? (may indicate grandiosity, euphoria, mania) Does the client appear to be hallucinatory? Hear or see things that aren't there? Talk, mutter, or mumble to him/herself? Giggle or smile for no apparent reason? (may indicate hallucinations) Does the client appear to be suspicious, feel that others are against him/her? Out to get him/her? Feel others are stealing from him/her? Feel he/she is being persecuted or discriminated against? Believe has special qualities/power? (may indicate delusions) Does client feel life is not worth living? Has she/he given up on self/ Does individual feel those who care about him/her have given up on him/her? Has the client ever considered ending his/her life? (may indicate suicidal thoughts, ideation, or gestures) Has the client ever considered harming someone? (may indicate homicidal ideation) Is the client fidgety, nervous, sweating, fearful, pacing, agitated, frightened, panicky? (may indicate fearfulness, anxiety, or agitation)

- **Inappropriate and disturbing (disruptive) behavior**, particularly when it is more problematic for caregivers than the client (take note of how often the behavior occurs, when it began, and how much it currently upsets people in the immediate environment):

  - being suspicious and accusatory
  - verbally threatening to harm self or others
  - yelling out, screaming, cursing
  - taking others' things, hiding/hoarding possessions
  - being agitated, uncooperative and resistive with necessary daily routines
  - being a danger to self or others
  - exhibiting inappropriate sexual behavior
  - inappropriately voiding of urine or feces (voiding in non-bathroom locations)
  - being unaware of need to use bathroom or problems locating a bathroom
  - exhibiting intrusive or dangerous wandering (danger of getting lost, entering/damaging others' property, wandering into traffic
  - exhibiting poor impulse control
  - exhibiting impaired judgment

Based on your assessment, if the client is currently exhibiting any of the following, a referral to the local CSB or other mental health professional should be considered:

The screening matrix in APPENDIX K should be included with the UAI when it is forwarded to the provider who will care for the individual.

Behavior	Thinking	Affective/Feelings
Aggressive/combative Destructive to self, others, or property Withdrawn/social isolation Belligerence/hostility Anti-social behavior Appetite disturbance Sleep disturbance Problematic substance abuse Sets fires	Hallucinations Delusions Disoriented Seriously impaired judgment Suicidal/homicidal thoughts, ideation, gestures Cannot communicate basic needs Unable to understand simple commands Suspicion/persecution Memory loss Grandiosity/euphoria	Helplessness, hopelessness, feel worthless Sadness Crying spells Depressed Agitation Anxiety

Note: If an individual is dangerous to self or others or is suicidal, an immediate referral should be made to the local CSB or other mental health professional.

Substance Abuse: A referral to the CSB should be considered when:

- A client reports current drinking of more than 2 drinks of alcohol per day. Further exploration of the usage is suggested; or
- Any current use of non-prescription mood-altering substances (e.g., marijuana, amphetamines).

Mental Retardation/Developmental Disabilities

Mental Retardation (MR):

Consider a diagnosis of MR if:

- The person's intellectual functioning is approximately 70 to 75 or below;
- There are related limitations in two or more applicable adaptive skills areas; and
- The age of onset is 18 or below.

Use these questions or observations to assess undiagnosed but suspected MR:

- Did you go to school?
- What grade did you complete in school?
- Did you have special education?
- Does the individual have substantial functioning limitations in two or more of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work?

If a person meets the above definition of mental retardation, a referral should be made to the local CSB or other mental health professional.

Developmental Disability

Definition: A severe, chronic disability of a person that:

- Is attributable to a mental or physical impairment or combination of mental or physical impairments;
- Is manifest before age 22;
- Is likely to continue indefinitely; and
- Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language; mobility; self-direction and capacity for independent living or economic self-sufficiency; or reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated.

Developmental disability includes, but is not limited to, severe disabilities attributable to autism, cerebral palsy, epilepsy, spina bifida, and other neurological impairment where the above criteria are met.

Cognitive Function (UAI, Page 8)

Orientation (UAI, Page 8)

Ask the questions on the survey related to the cognitive spheres - person, place, and time - in order to evaluate orientation, or the client's awareness of his environment.

- **Person:** Alternative questions to assess orientation to person are "Please tell me the name of your next door neighbor" or "Please tell me the name of the staff person who takes care of you." The preference, however, is that the assessor ask the question as written on the assessment instrument. There are no MMSE questions for orientation to person.

- **Place:** For orientation to place, the complete mailing address, *excluding* zip code, is required. It may be necessary to probe for more details when clients give answers such as "My house" or "My room." See the box below for instructions on the optional MMSE question related to Place.

MMSE Question #1 (Place): *Where are we now? Give the client 1 point for each correct response; the maximum number of points is 5. Ask for the (1) state, (2) county, (3) town, (4) street number, and (5) street name. These categories can be modified for clients in rural areas by substituting route and box number for street number and name. For hospitalized clients, substitute hospital and floor for street number and name. For clients in a community setting, substitute agency and floor for street number and name.*

- **Time:** For orientation to time, the month, day, and year are required. See box below for instructions on the optional MMSE question related to Time.

> ***MMSE Question #2 (Time):*** *Would you tell me the date today?* Give the client 1 point for each correct response; the maximum number of points is 5. Ask for the (1) year, (2) season, (3) date, (4) day, and (5) month. The assessor may state that "date" means "1st, 2nd, etc." and "day" means "Monday, Tuesday, etc."

Based on the client's answers to the questions on Person, Place, and Time, code his or her level of orientation/disorientation. A client is considered disoriented if he or she is unable to answer any of the questions. In order to code the specific type of disorientation, it may be necessary to consult a caregiver about the spheres affected and the frequency (i.e., some of the time or all of the time). Use the space provided to record the sphere(s) in which the client is disoriented.

- **Oriented** means the client has no apparent problems with orientation and is aware of who he or she is, where he or she is, the day of the week, the month, and people around him or her. **(I = Independent)**

- **Disoriented, Some Spheres, Some of the Time** means the client sometimes has problems with one or two of the three cognitive spheres of person, place, or time. *Some of the Time* means there are alternating periods of awareness-unawareness.
  (d = Semi-dependent)

- **Disoriented, Some Spheres, All of the Time** means the client is disoriented in one or two of the three cognitive spheres of person, place, and time, *All of the time* means this is the client's usual state. **(d = Semi-dependent)**

- **Disoriented, All Spheres, Some of the Time** means the client is disoriented to person, place, *and* time periodically, but not always. **(D = Dependent)**

- **Disoriented, All Spheres, All of the Time** means the client is always disoriented to person, place, *and* time. **(D = Dependent)**

- **Comatose** means the client is in a semi-conscious or unconscious state or is otherwise non-communicative. **(D = Dependent)**

Recall/Memory/Judgment (UAI, Page 8)

- **Recall:** After the introductory statement, say the words **HOUSE, BUS, DOG**, and ask the client to repeat them.

> *This first repetition determines the score for MMSE Question #3 (Recall). Give the client 1 point for each correct answer. The maximum number of points is 3.*

Repeat the words for up to six trials until the client can name all three. Tell the client to hold them in his or her mind because you will ask him or her again in a minute or so what they are. The client's ability to repeat the words later is the assessment of short-term memory.

- **Attention/Concentration:** This is the only question which is strictly for use in the MMSE.

MMSE Question #4 (Attention/Concentration): Spell *the word WORLD. Then ask the client to spell it backwards. Give 1 point for each correctly placed letter (DLROW). The maximum number of points is 5.*

Note: If the client is unable to spell, serial sevens may be used as an alternative. By this, the assessor asks the client to subtract by sevens from 100 (i.e., 93, 86, 79, 72, 65. . .). After the client has completed five subtractions, you can ask him or her to stop. Give 1 point for each of five correct responses.

MINI-MENTAL STATE EXAMINATION SCORING: *Compute the MMSE Score as the total number of points for the Place, Time, Recall, and Attention/Concentration questions. Each person's educational and cultural background should be taken into account as to how it might affect the MMSE score. The maximum score is 18. A score of 14 or below implies cognitive impairment, but does not mean that the client has a diagnosis of dementia. There may be other contributing factors to poor cognitive function, such as physical health or medication problems. If the client scores 14 or below, information collected during the assessment interview should be verified with a caregiver. When no other source exists, do the best you can with the client, and note that the information may not be reliable.*

- **Short-Term Memory:** Ask the client to recall the 3 words that you previously asked him or her to remember. If you are not administering the MMSE, you may want to ask the long-term memory question before this question so that some time has passed since you asked the client to remember the 3 words. A possible short-term memory problem is indicated if the client is unable to recall all 3 words: **House, Bus, and Dog.**

- **Long-Term Memory:** Long-term memory is the ability to remember the distant past. Ask the client his or her date of birth in order to evaluate long-term memory loss. Memory loss is indicated when the client is unable to give his or her complete date of birth (the month, date, and year).

- **Judgment:** Judgment is the ability to reason and make decisions. Ask the client to describe the steps he or she would follow to obtain help at night. In assessing the client's response, look for an answer that is appropriate to where the person resides. It may also be helpful to gain insight from others who know the client.

Behavior Pattern (UAI, Page 8)

NOTE: This question is not designed to be asked directly of the client. The answer is based on the assessor's judgment based on observation and information gathered about the client.

This question assesses the way the client conducts himself or herself in his or her environment. It taps three types of behavior: wandering, agitation, and aggressiveness. Other things to consider include: 1) whether the client ever engages in intrusive or dangerous wandering that results in trespassing, getting lost, or going into traffic; 2) whether the client gets easily agitated (overwhelmed and upset, unpleasantly excited) by environmental demands; 3) whether the client becomes verbally or physically aggressive when frustrated; 4) whether the client becomes resistive or combative toward the caregiver when assisted with ADLs; 5) paces but does not wander; 6) is passive, oppositional, or restless; 7) repeats verbal statements; or 8) is combative or destructive. If several of the responses could describe the client, code the most dependent.

- **Appropriate** means the client's behavior pattern is suitable to the environment and adjusts to accommodate expectations in different environments and social circumstances. **(I = Independent)**

- **Wandering/Passive - Less than Weekly** means the client physically moves about aimlessly, is not focused mentally, or lacks awareness or interest in personal matters and/or in activities taking place in close proximity (e.g., the failure to take medications or eat, withdrawal from self care or leisure activities). The client's behavior does not present major management problems and occurs less than weekly. **(I = Independent)**

- **Wandering/Passive - Weekly or More** means the client wanders and is passive (as above), but the behavior does not present major management problems and occurs weekly or more. **(d = Semi-dependent)**

- **Abusive/Aggressive/Disruptive - Less than Weekly** means the client's behavior exhibits acts detrimental to the life, comfort, safety, and/or property of the client and/or others. The behavior occurs less than weekly. **(D = Dependent)**

- **Abusive/Aggressive/Disruptive - Weekly or More** means the abusive, aggressive, or disruptive behavior (as defined above) occurs at least weekly. **(D = Dependent)**

- **Comatose** refers to the semi-conscious or unconscious state. **(D = Dependent)**

Specify the type of inappropriate behavior and the source of the information in the space provided.

Life Stressors (UAI, Page 8)

Record all stressful events currently affecting the client's life. Stressful events may have an impact on the client's emotional health and include such things as the death of a spouse or close friend, institutionalization, hospitalization, family conflict, financial problems, changes in living arrangements, or change in recent employment (recent retirement). Record as *Other* any other events mentioned by the client but not included in the list of responses.

Emotional Status (UAI, Page 9)

These questions are very personal, and some clients may feel threatened or insulted by them. If the assessor seems uncomfortable, the client will sense this and probably feel uncomfortable as well. The assessor might say some things to help ease, or even prevent, any discomfort the client might feel, such as "Now I need to ask you some questions that may seem unusual, but I want you to know that we ask these questions of everyone. My asking the question does not mean that I think these things are characteristic of you. For example, when I asked if you had a hearing problem, it was not because I thought you had one, but because I need to know that about everyone I talk with. The only way for me to know whether you have a problem, and be able to help with it, is to ask you. So, I hope you'll help me with these next questions, because I need to ask you, even if they seem unrelated to you."

Be sensitive to and observant of the client's responses. The client's reactions to the questions are important, as well as his or her answers.

Ask these questions in a straightforward and direct manner and be sure you and the client interpret the question in the same way. Record the frequency of each emotional state *within the past month*. There is space to record when you are *Unable to Assess* due to a client's refusal to answer.

- **Rarely/Never** means seldom or never.
- **Some of the Time** means occasionally (1 time per week).
- **Often** means frequently (2-3 times per week).
- **Most of the Time** is nearly always (4 or more times per week).

Answers to these questions may indicate the need for further assessment. *As the assessor, it is important to remember that you are not diagnosing the client, but rather you are looking for some indicators of the possible need for a referral to the local CSB or other mental health professional for a more thorough mental health and/or substance abuse assessment and possible diagnosis.* (See **APPENDIX K** for indicators that may necessitate a mental health referral). The assessor should refer such individuals to a mental health professional if there is any suspicion that the individual exhibits any of these indicators. The service provider, if any, should also be made aware of the referral for possible care-planning, treatment, and follow-up.

Social Status (UAI, Page 9)

Activities (UAI, Page 9)
This question asks about types of activities which the client enjoys doing. For each type of activity, use the space provided to describe the specific activity and the frequency. These answers are not mutually exclusive, and activities may fall into more than one category.

- **Solitary Activities** are done alone and may include, but are not limited to, reading, watching T.V. and gardening.
- **Activities with Friends/Family** may include, but are not limited to, talking on the telephone and visiting.
- **Group/Club Activities** may include attending nutrition sites or senior centers and participating in group-sponsored trips.
- **Religious Activities** may include attending religious services or participating in group meetings.

Interactions (UAI, Page 9)
This question asks about the frequency of the client's contacts with children, other family, and friends/neighbors. If the client has children, other family, and friends/neighbors, record how often contact (through a visit or over the telephone) occurs. This information is important in order to assess the client's contact with others outside the home and his or her potential for being or becoming socially isolated. The last question asks the client if he or she is satisfied with his or her general level of social contact.

Hospitalization/Alcohol-Drug Use (UAI, Page 10)

Hospitalization (UAI, Page 10)
Record whether or not the client has been hospitalized or received inpatient/outpatient treatment in the last two years for emotional, mental health, or substance abuse problems. This includes any participation in alcohol or drug rehabilitation programs. If the answer is yes, ask the client where or from whom he or she received mental health services or counseling.

Record the name of the place, the admission date, the length of stay and reason for admission/treatment. It is not necessary to record the exact admission date. An approximate date, such as “11/05," will suffice. For outpatient treatment, record the name of the place, the date of the last visit and the reason. If there have been multiple admissions/treatments in the last 2 years, only record the most recent in the space provided. Use the space available to record information about other less recent hospitalizations and/or treatments.

Alcohol/Drug Use (UAI, Page 10)
Record whether or not the client currently drinks, or has ever drunk, alcoholic beverages. If the client currently drinks, it is important to determine specifics about how much and how often the client drinks. Determine the average number of drinks per day, week, or month, using probes when necessary to clarify vague answers (e.g., "a few drinks every now and then"). It is very important to determine what "a drink" means to the client. Ask questions to determine what type of alcohol the client usually drinks and the average quantity in ounces of each drink. As a guide for what to record, count one drink for every one ounce of liquor, five ounces of wine, or twelve ounces of beer. It is important to also know the amount of ounces in each drink.

In the second question, record whether or not the client currently uses, or has ever used, non-prescription, mood-altering substances. If the client currently uses, record how much and how often.

NOTE: If the client has never used alcohol or other non-prescription, mood altering substances, skip the next three questions and ask the smoking/tobacco question.

Record whether there has ever been concern about the client's use of alcohol or other non-prescription, mood altering substances. Use the space to provide details. The next question asks for information about the use of alcohol or mood altering drugs with other substances. The third question asks for information about why the client uses (or used) alcohol or mood altering drugs. Use the space to provide details.

Answers to these questions may indicate the need for further assessment. *A referral to CSB or another mental health professional should be considered when a client reports currently drinking more than 2 drinks of alcohol per day, or when there is current use of non-prescription, mood-altering substances (e.g., marijuana, amphetamines).As the assessor, it is important to remember that you are not diagnosing the client, but rather you are looking for some indicators of the possible need for a referral to the local CSB or other mental health professional for a more thorough mental health and/or substance abuse assessment and possible diagnosis.* (See **APPENDIX K** for indicators that may necessitate a mental health referral). The assessor should refer such individuals to a mental health professional if there is any suspicion that the individual exhibits any of these indicators. The service provider, if any, should also be made aware of the referral for possible care-planning, treatment, and follow-up.

Smoking/Tobacco Use (UAI, Page 10)
Smoking refers to the client's status with respect to smoking and/or using tobacco products (cigarettes, snuff, chewing tobacco). Record whether the client has a history of, or currently, smokes or uses tobacco products. If the client currently smokes or uses tobacco, record the number of cigarettes/amount of tobacco and the frequency (per day, per week, etc.).

Additional Information (UAI, Page 10)

The last question in this section asks the client if there is anything else he or she would like to discuss. This gives the client the opportunity to raise any issues that have not been addressed directly during the Psychosocial Assessment and/or to elaborate on previously discussed issues.

SECTION V. ASSESSMENT SUMMARY

Abuse, Neglect, and Exploitation

According to the Code of Virginia, §§ 63.2-1603 through 1610, any person employed by a public or private agency or facility and working with adults is mandated to report suspicion of abuse, neglect, or exploitation of adults. If, during the course of the assessment, the assessor suspects abuse, neglect, or exploitation, he or she must report it to the local department of social services, Adult Protective Services (APS) or to the APS 24-hour, toll-free hotline at 1-888-83ADULT. **APPENDIX H** contains indicators of possible adult abuse, neglect, and exploitation.

Caregiver Assessment (UAI, Page 11)

Informal care refers to services the client's spouse, relative or other person(s) are both physically and mentally *able and willing* to provide, at all the times the services generally are needed. If the client does not currently have an informal caregiver who actively provides assistance, note this on the form and skip to the Preferences Section.

NOTE: The caregiver questions are not written to be asked directly of the client or caregiver. They are to help the assessor determine if caregiving is adequate.

In the first question, record if the caregiver lives with the client, in a separate residence within 1 hour of the client's home (close proximity), or in a separate residence over one hour away. In the next question, record whether the caregiver's help is adequate to meet the client's needs. *Adequate* means the caregiver is *able and willing* to provide for all of the client's needs, at all times they are needed. The last question assesses how burdened the caregiver feels in caring for the client.

Use the space provided to record any problems with continued care giving. These may include, but are not limited to, poor health of the caregiver, employment of the caregiver, caregiver's lack of knowledge about ways to appropriately care for the client, or a poor relationship between the client and the caregiver. The space can also be used to record whether the caregiver has a "backup," or someone else who can provide for the client when the caregiver is unavailable or unable.

Preferences (UAI, Page 11)

Record the types of care the client and his family prefer. There is also space for comments by the client's physician. People's preferences let the assessor know if there are consistent or differing opinions about the best care for the client.

Client Case Summary (UAI, Page 12)

Use this section to explain, describe, and specify important information from the client that cannot be recorded elsewhere in the assessment tool. This section can also be used to: 1) record relevant detail that does not fit into other spaces; 2) record assessor observations which may support or contradict what the respondent answers; 3) record interviewer judgment or conclusions; 4) record someone else's opinion which differs from the client's answer; or 5) make a note to yourself.

Unmet Needs (UAI, Page 12)

Record all unmet needs as indicated by the assessment. An unmet need is an identified need which is not currently met in a way ***that ensures the safety and welfare of the client***. For example, a client's primary caregiver may help the client with ADLs, but the caregiver is burdened and unable to continue providing the current level of care. In this case, the client would have at least unmet needs for ADL assistance and caregiver support. There may be other unmet needs according to the client's particular situation.

Completion of the Assessment (UAI, Page 12)

All individuals completing parts of the full assessment should record their names, the agency/provider for whom they work, the provider number (for all Medicaid-certified providers), and the sections completed.

Optional (UAI, Page 12)
Record the name and code of the case manager assigned the case. This information can be used to track the case manager's caseload and other management activities.

APPENDIX A:

THE VIRGINIA UNIFORM ASSESSMENT INSTRUMENT (UAI)

VIRGINIA UNIFORM ASSESSMENT INSTRUMENT

Dates:
Screen: ____/____/____
Assessment: ____/____/____
Reassessment: ____/____/____

1 IDENTIFICATION/BACKGROUND

Name & Vital Information

Client Name: _____ Client SSN: _____
(Last) *(First)* *(Middle Initial)*

Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

Phone: _____ City/County Code: _____

Directions to House: **Pets?**

Demographics

Birthdate: ____/____/____ **Age:** _____ **Sex:** ____ Male 0 ____ Female 1
(Month) *(Day)* *(Year)*

Marital Status: ____ Married 0 ____ Widowed 1 ____ Separated 2 ____ Divorced 3 ____ Single 4 ____ Unknown 9

Race:
____ White 0
____ Black/African American 1
____ American Indian 2
____ Oriental/Asian 3
____ Alaskan Native 4
____ Unknown 9 _____
Ethnic Origin: _____

Education:
____ Less than High School 0
____ Some High School 1
____ High School Graduate 2
____ Some College 3
____ College Graduate 4
____ Unknown 9
Specify: _____

Communication of Needs:
____ Verbally, English 0
____ Verbally, Other Language 1
Specify: _____
____ Sign Language/Gestures/Device 2
____ Does Not Communicate 3
Hearing Impaired? _____

Primary Caregiver/Emergency Contact/Primary Physician

Name: _____ Relationships: _____
Address: _____ Phone: (H) _____ (W) _____
Name: _____ Relationship: _____
Address: _____ Phone: (H) _____ (W) _____
Name of Primary Physician: _____ Phone: _____
Address: _____

Initial Contact

Who called: _____
(Name) *(Relation to Client)* *(Phone)*

Presenting Problem/Diagnosis:

Client Name: *Client SSN:*

Current Formal Services

Do you currently use any of the following types of services?

No 0	Yes 1	*(Check All Services That Apply)*	Provider/Frequency:
		Adult Day Care	
		Adult Protective	
		Case Management	
		Chore/Companion/Homemaker	
		Congregate Meals/Senior Center	
		Financial Management/Counseling	
		Friendly Visitor/Telephone Reassurance	
		Habilitation/Supported Employee	
		Home Delivered Meals	
		Home Health/Rehabilitation	
		Home Repairs/Weatherization	
		Housing	
		Legal	
		Mental Health (Inpatient/Outpatient)	
		Mental Retardation	
		Personal Care	
		Respite	
		Substance Abuse	
		Transportation	
		Vocational Rehab/Job Counseling	
		Other:	

Financial Resources

Where are you on the scale for annual (monthly) family income before taxes?

_____	$20,000 or More	($1,667 or more) 0
_____	$15,000 - 19,999	($1,250 - $1,666) 1
_____	$11,000 - 14,999	($ 917 - $1,249) 2
_____	$ 9,500 - 10,999	($ 792 - $ 916) 3
_____	$ 7,000 - 9,499	($ 583 - $ 791) 4
_____	$ 5,500 - 6,999	($ 458 - $ 582) 5
_____	$ 5,499 or Less	($ 457 or Less) 6
_____	Unknown 9	

Number in Family unit: _____

Optional: Total monthly family income: _____

Do you currently receive income from…?

No 0	Yes 1		
		Black Lung	
		Pension	
		Social Security	
		SSI/SSDI	
		VA Benefits	
		Wages/Salary	
		Other	

Does anyone cash your check, pay your bills or manage your business?

No 0	Yes 1		*Names*
		Legal Guardian	
		Power of Attorney	
		Representative Payee	
		Other	

Do you receive any benefits or entitlements?

No 0	Yes 1	
		Auxiliary Grant
		Food Stamps
		Fuel Assistance
		General Relief
		State and Local Hospitalization
		Subsidized Housing
		Tax Relief

What types of health insurance do you have?

No 0	Yes 1			
		Medicare, #		
		Medicaid, #		
		Pending:	No 0	Yes 1
		QMB/SLMB:	No 0	Yes 1
		All Other Public/Private:		

Client Name: *Client SSN:*

Physical Environment

Where do you usually live? Does anyone live with you?

		Alone 1	Spouse 2	Other 3	Names of Persons in Household
____	House: Own 0				
____	House: Rent 1				
____	House: Other 2				
____	Apartment 3				
____	Rented Room 4				

		Name of Provider *(Place)*	Admission Date	Provider Number *(If Applicable)*
____	Assisted Living Facility 50			
____	Adult Foster 60			
____	Nursing Facility 70			
____	Mental Health/Retardation Facility 80			
____	Other 90			

Are there any problems where you usually live?

No 0	Yes 1	*(Check All Problems That Apply)*
_____	_____	Barriers to Access
_____	_____	Electric Hazards
_____	_____	Fire Hazards/No Smoke Alarm
_____	_____	Insufficient Heat/Air Conditioning
_____	_____	Insufficient Hot Water/Water
_____	_____	Lack of/Poor Toilet Facilities (Inside/Outside)
_____	_____	Lack of/Defective Stove, Refrigerator, Freezer
_____	_____	Lack of/Defective Washer/Dryer
_____	_____	Lack of/Poor Bathing Facilities
_____	_____	Structural Problems
_____	_____	Telephone Not Accessible
		Unsafe Neighborhood

Describe Problems:

Client Name:	*Client SSN:*

_____ _____ Unsafe/Poor Lighting

_____ _____ Unsanitary Conditions

_____ _____ Other: _____

2 FUNCTIONAL STATUS *(Check only one block for each level of functioning.)*

ADLS	Needs Help?		MH Only 10 Mechanical Help	HH Only 2 D Human Help		MH & HH 3 D		Performed D by Others 40			Is Not D .. Performed 50
	No 00	Yes		Supervision 1	Physical Assistance 2	Supervision 1	Physical Assistance 2				
Bathing											
Dressing											
Toileting											
Transferring											
								Spoon Fed 1	Syringe/ Tube Fed 2	Fed by IV 3	
Eating/Feeding											

Continence	Needs Help?		Incontinent Less than Weekly 1	Ext. Device/ Indwelling/ Ostomy Self Care 2	Incontinent D Weekly or More 3	External D Device Not Self Care 4	Indwelling D Catheter Not Self Care 5	Ostomy D Not Self Care 6
	No 00	Yes						
Bowel								
Bladder								

Ambulation	Needs Help?		MH Only 10 Mechanical Help	HH Only 2 D Human Help		MH & HH 3 D		Performed D by Others 40	Is Not Performed 50
	No 00	Yes		Supervision 1	Physical Assistance 2	Supervision 1	Physical Assistance 2		
Walking									
Wheeling									
Stairclimbing									
								Confined Moves About	Confined Does Not Move About
Mobility									

Client Name:	*Client SSN:*

IADLS	Needs Help?	
	No 0	D Yes 1
Meal Preparation		
Housekeeping		
Laundry		
Money Mgmt.		
Transportation		
Using Phone		
Home Maintenance		

Comments:

Outcome: Is this short assessment

_____ No, Continue with Section 3 (0) _____ Yes, Service Referrals (1) _____ Yes, No Service Referrals (2)

Screener: _____ Agency: _____

Client Name:	*Client SSN:*

3 PHYSICAL HEALTH ASSESSMENT

Professional Visits/Medical Admissions

Doctor's Name(s) *(List all)*	Phone	Date of Last Visit	Reason for Last Visit

Admission: In the past 12 months have you been admitted to a . . . for medical or rehabilitation reasons?

No 0	Yes 1		Name of Place	Admit Date	Length of Stay/Reason
		Hospital			
		Nursing Facility			
		Assisted Living Facility			

Do you have any advance directives such as… (Who has it…Where is it…)?

No 0 Yes 1 *Location*

_____ _____ Living Will _____

_____ _____ Durable Power of Attorney for Health Care _____

Other

Diagnoses & Medication Profile

Do you have any current medical problems, or a known or suspected diagnosis of mental retardation or related conditions, such as … (Refer to the list of diagnoses)?

Current Diagnoses	Date of Onset

Enter Codes for 3 Major, Active Diagnoses: _____ **None00** _____ **DX1** _____ **DX2** _____ **DX3**

Current Medications (Include Over-the-Counter)	Dose, Frequency, Route	Reason(s) Prescribed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Total No. of Medications: _____ **(If 0, skip to Sensory Function)** **Total No. of Tranquilizer/Psychotropic Drugs:** _____

Diagnoses:
- Alcoholism/Substance Abuse (01)
- Blood-Related Problems (02)
- Cancer (03)
- Cardiovascular Problems
  - Circulation (04)
  - Heart Trouble (05)
  - High Blood Pressure (06)
  - Other Cardiovascular Problems (07)
- Dementia
  - Alzheimer's (08)
  - Non-Alzheimer's (09)
- Developmental Disabilities
  - Mental Retardation (10)
  - Related Conditions
    - Autism (11)
    - Cerebral Palsy (12)
    - Epilepsy (13)
    - Friedreich'a Ataxia (14)
    - Multiple Sclerosis (15)
    - Muscular Dystrophy (16)
    - Spina Bifida (17)
- Digestive/Liver/Gall Bladder (18)
- Endocrine (Gland)Problems
  - Diabetes (19)
  - Other Endocrine Problem (20)
- Eye Disorders (21)
- Immune System Disorders (22)
- Muscular/Skeletal
  - Arthritis/Rheumatoid Arthritis (23)
  - Osteoporosis (24)
  - Other Muscular/Skeletal Problems (25)
- Neurological Problems
  - Brian Trauma/Injury (26)
  - Spinal Cord Injury (27)
  - Stroke (28)
  - Other Neurological Problems (29)
- Psychiatric Problems
  - Anxiety Disorder (30)
  - Bipolar (31)
  - Major Depression (32)
  - Personality Disorder (33)
  - Schizophrenia (34)
  - Other Psychiatric Problems (35)
- Respiratory Problems
  - Black Lung (36)
  - COPD (37)
  - Pneumonia (38)
  - Other Respiratory Problems (39)
- Urinary/Reproductive Problems
  - Renal Failure (40)
  - Other Urinary /Reproductive (41)
- All Other Problems (42)

Client Name:	*Client SSN:*

Do you have any problems with medicine(s)…?			How do you take your medications?	
No 0	Yes 1		_____	Without assistance 0
_____	_____	Adverse reactions/allergies	_____	Administered/monitored by lay person 1
_____	_____	Cost of medication	_____	Administered/monitored by professional nursing staff 2
_____	_____	Getting to the pharmacy		
_____	_____	Taking them as instructed/prescribed	Describe help:	_____
_____	_____	Understanding directions/schedule	Name of helper:	_____

Client Name: *Client SSN:*

Sensory Functions

How is your vision, hearing, and speech?

	No Impairment 0	Impairment *Record Date of Onset/Type of Impairment*		Complete Loss 3	Date of Last Exam
		Compensation 1	No Compensation 2		
Vision					
Hearing					
Speech					

Physical Status

Joint Motion: How is your ability to move your arms, fingers, and legs?

_____ Within normal limits or instability corrected 0
_____ Limited motion 1
Instability uncorrected or immobile 2

Have you ever broken or dislocated any bones? Ever had an amputation or lost any limbs? Lost voluntary movement of any part of your body?

Fractures/Dislocations	Missing Limbs	Paralysis/Paresis
_____ None 000	_____ None 000	_____ None 000
_____ Hip Fracture 1	_____ Finger(s)/Toe(s) 1	_____ Partial 1
_____ Other Broken Bone(s) 2	_____ Arm(s) 2	_____ Total 2
_____ Dislocation(s) 3	_____ Leg(s) 3	Describe: _____
_____ Combination 4	_____ Combination 4	
Previous Rehab Program?	**Previous Rehab Program?**	**Previous Rehab Program?**
_____ No/Not Completed 1	_____ No/Not Completed 1	_____ No/Not Completed 1
_____ Yes 2	_____ Yes 2	_____ Yes 2
Date of Fracture/Dislocation?	**Date of Amputation?**	**Onset of Paralysis?**
_____ 1 Year or Less 1	_____ 1 Year or Less 1	_____ 1 Year or Less 1
_____ More than 1 Year 2	_____ More than 1 Year 2	_____ More than 1 Year 2

Nutrition

Height: _____ *(Inches)* Weight: _____ *(lbs.)* Recent Weight Gain/Loss: _____ No 0 _____ Yes
Describe:

Are you on any special diet(s) for medical reasons?

___ None 0
___ Low Fat/Cholesterol 1
___ No/Low Salt 2
___ No/Low Sugar 3
___ Combination/Other 4

Do you take dietary supplements?

___ None 0
___ Occasionally 1
___ Daily, Not Primary Source 2
___ Daily, Primary Source 3
___ Daily, Sole Source 4

Do you have any problems that make it hard to eat?

No 0	Yes 1	
_____	_____	Food Allergies
_____	_____	Inadequate Food/Fluid Intake
_____	_____	Nausea/Vomiting/Diarrhea
_____	_____	Problems Eating Certain Foods
_____	_____	Problems Following Special Diets
_____	_____	Problems Swallowing
_____	_____	Taste Problems
_____	_____	Tooth or Mouth Problems
_____		Other: _____

Client Name: *Client SSN:*

Current Medical Services

Rehabilitation Therapies: Do you get any therapy prescribed by a doctor, such as…?

No 0	Yes 1		*Frequency*
____	____	Occupational	_____
____	____	Physical	_____
____	____	Reality/Remotivation	_____
____	____	Respiratory	_____
____	____	Speech	_____
____	____	Other	_____

Do you have pressure ulcers?

		Location/Size
____	None 0	
____	Stage I 1	_____
____	Stage II 2	_____
____	Stage III 3	_____
____	Stage IV 4	_____

Special Medical Procedures: Do you receive any special nursing care, such as …?

No 0	Yes 1		*Site, Type, Frequency*
____	____	Bowel/Bladder Training	_____
____	____	Dialysis	_____
____	____	Dressing/Wound Care	_____
____	____	Eye care	_____
____	____	Glucose/Blood Sugar	_____
____	____	Injections/IV Therapy	_____
____	____	Oxygen	_____
____	____	Radiation/Chemotherapy	_____
____	____	Restraints (Physical/Chemical)	_____
____	____	ROM Exercise	_____
____	____	Trach Care/Suctioning	_____
____	____	Ventilator	_____
____	____	Other:	_____

Client Name:	*Client SSN:*

Medical/Nursing Needs

Based on client's overall condition, assessor should evaluate medical and/or nursing needs.

Are there ongoing medical/nursing needs? _____ No 0 _____ Yes 1

If yes, describe ongoing medical/nursing needs:

1. Evidence of medical instability.
2. Need for observation/assessment to prevent destabilization.
3. Complexity created by multiple medical conditions.
4. Why client's condition requires a physician, RN, or trained nurse's aide to oversee care on a daily basis.

Comments:

Optional: Physician's Signature: _____ Date: _____

Others: _____ Date _____

Client Name: _____ Client SSN: _____

4 PSYCHO-SOCIAL ASSESSMENT

Cognitive Function

Orientation *(Note: Information in italics is optional and can be used to give a MMSE Score in the box to the right.)*

Person: Please tell me your full mane (so that I can make sure our record is correct).
Place: Where are we now (*state, county, town, street/route number, street name/box number*)? *Give the client 1 point for each correct response.*
Time: Would you tell me the date today *(year, season, date, day, month)*?

_____ Oriented 0
_____ Disoriented – Some spheres, some of the time 1
_____ Disoriented – Some spheres, all the time 2
_____ Disoriented – All spheres, some of the time 3
_____ Disoriented – All spheres, all of the time 4
_____ Comatose 5

Spheres affected: _____

Recall/Memory/Judgment

Recall: I am going to say three words. And I want you to repeat them after I am done (House, Bus, Dog). * Ask the client to repeat them. *Give the client 1 point for each correct response on the first trial.* * Repeat up to 6 trials until client can name all 3 words. Tell the client to hold them in his mind because you will ask him again in a minute or so what they are.

Attention/ Concentration: *Spell the word "WORLD". Then ask the client to spell it backwards. Give 1 point for each correctly placed letter (DLROW).*

Short-Term: * Ask the client to recall the 3 words he was to remember.

Long-Term: When were you born (What is your date of birth)?

Judgment: If you needed help at might, what would you do?

No 0	Yes 1	
_____	_____	Short-Term Memory Loss?
_____	_____	Long-Term Memory Loss?
_____	_____	Judgment Problems?

Optional: MMSE Score
(5)
(5)
(3)
(5)
Total:

Note: Score of 14 or below implies cognitive impairment.

Behavior Pattern

Does the client ever wander without purpose (trespass, get lost, go into traffic, etc.) or become agitated and abusive?

_____ Appropriate 0
_____ Wandering/Passive – Less than weekly 1
_____ Wandering/Passive – Weekly or more 2
_____ Abusive/Aggressive/Disruptive – Less than weekly 3
_____ Abusive/Aggressive/Disruptive – Weekly or more 4
_____ Comatose 5

Type of inappropriate behavior: Source of Information:

Life Stressors

Are there stressful events that currently affect your life, such as . . .?

No 0	Yes 1		No 0	Yes 1		No 0	Yes 1	
_____	_____	Change in work/employment	_____	_____	Financial problems	_____	_____	Victim of a crime
_____	_____	Death of someone close	_____	_____	Major illness- family/friend	_____	_____	Failing health
_____	_____	Family conflict	_____	_____	Recent move/relocation	_____	_____	Other: _____

Client Name: *Client SSN:*

Emotional Status

In the past month, how often did you …?	Rarely/ Never 0	Some of the Time 1	Often 2	Most of the Time 3	Unable to Assess 9
Feel anxious or worry constantly about things?					
Feel irritable; have crying spells or get upset over little things?					
Feel alone and that you don't have anyone to talk to?					
Feel like you didn't want to be around other people?					
Feel afraid that something bad was going to happen to you and/or feel that others were trying to take things from you or trying to harm you?					
Feel sad or hopeless?					
Feel that life is not worth living … or think of taking your life?					
See or hear things that other people did not see or hear?					
Believe that you have special powers that others do not have?					
Have problems falling or staying asleep?					
Have problems with your appetite … that is, eat too much or too little?					

Comments:

Social Status

Are there some things that you do that you especially enjoy?

No 0 Yes 1 Describe

____ _____ Solitary Activities, _____

____ _____ With Friends/Family, _____

____ _____ With Groups/Clubs, _____

____ _____ Religious Activities, _____

How often do you talk with your children family or friends either during a visit or over the phone?

Children	**Other Family**	**Friends/ Neighbors**
_____ No Children 0	_____ No Other Family 0	_____ No Friends/Neighbors 0
_____ Daily 1	_____ Daily 1	_____ Daily 1
_____ Weekly 2	_____ Weekly 2	_____ Weekly 2
_____ Monthly 3	_____ Monthly 3	_____ Monthly 3
_____ Less than Monthly 4	_____ Less than Monthly 4	_____ Less than Monthly 4
_____ Never 5	_____ Never 5	_____ Never 5

Are you satisfied with how often you see or hear from your children other family and/or friends?

_____ No 0 _____ Yes 1

Client Name:	*Client SSN:*

Hospitalization/Alcohol – Drug Use

Have you been hospitalized or received inpatient/outpatient treatment in the last 2 years for nerves, emotional/mental health, alcohol, or substance abuse problems?

No 0 Yes 1

Name of Place	Admit Date	Length of stay/Reason

Do (did) you ever drink alcoholic beverages?

_____ Never 0
_____ At one time, but no longer 1
_____ Currently 2
How much: _____
How often: _____

Do (did) you ever use non-prescription, mood altering substances?

_____ Never 0
_____ At one time, but no longer 1
_____ Currently 2
How much: _____
How often: _____

If the client has never used alcohol or other non-prescription, mood altering substances, skip to the tobacco question.

Have you, or someone close to you, ever been concerned about your use of alcohol/other mood altering substances?	**Do (did) you ever use alcohol/other mood-altering substances with …**	**Do (did) you ever use alcohol/other mood-altering substances to help you …**
_____ No 0 _____ Yes 1	No 0 Yes 1	No 0 Yes 1
Describe concerns:	_____ _____ Prescription drugs? _____ _____ OTC medicine? _____ _____ Other substances?	_____ _____ Sleep? _____ _____ Relax? _____ _____ Get more energy? _____ _____ Relieve worries? _____ _____ Relieve physical pain?
	Describe what and how often:	**Describe what and how often:**

Do (did) you ever smoke or use tobacco products?

_____ Never 0
_____ At one time, but no longer 1
_____ Currently 2
How much: _____
How often:

Is there anything we have not talked about that you would like to discuss?

Client Name:	Client SSN:

Assessment Summary

Indicators of Adult Abuse and Neglect: *While completing the assessment, if you suspect abuse, neglect or exploitation, you are required by Virginia law, Section 63.2-1606, to report this to the Department of Social Services, Adult Protective Services.*

Caregiver Assessment

Does the client have an informal caregiver?

_____ No 0 (Skip to Section on Preferences) _____ Yes 1

Where does the caregiver live?

_____ With client 0
_____ Separate residence, close proximity 1
_____ Separate residence, over 1 hour away 2

Is the caregiver's help …

_____ Adequate to meet the client's needs? 0
_____ Not adequate to meet the client's needs? 1

Has providing care to client become a burden for the caregiver?

_____ Not at all 0
_____ Somewhat 1
_____ Very much 2

Describe any problems with continued caregiving:

Preferences

Client's preference for receiving needed care: _____

_____

_____

Family/Representative's preference for client's care: _____

_____

_____

Client Name:	*Client SSN:*

Physician's comments (if applicable):

Client Case Summary

Unmet Needs

No 0	Yes 1	*(Check All That Apply)*	No 0	Yes 1	*(Check All That Apply)*
_____	_____	Finances		_____	_____ Assistive Devices/Medical Equipment
_____	_____	Home/Physical Environment		_____	_____ Medical Care/Health
_____	_____	ADLS		_____	_____ Nutrition
_____	_____	IADLS		_____	_____ Cognitive/Emotional
			_____	_____	Caregiver Support

Assessment Completed By:

Assessor's Name	Signature	Agency/Provider Name	Provider #	Section(s) Completed

APPENDIX B: CONSENT TO EXCHANGE INFORMATION

Introduction
Specified information can be shared among ALL of the agencies listed below without having to obtain any additional signed consent from the client. The *Consent to Exchange Information* form was developed for use by the following agencies:

- Local departments of social services
- Area agencies on aging
- Health department clinics and programs
- Community services boards
- Department of Correctional Education
- Department of Youth and Family Services
- Service delivery areas for the Job Training Partnership Act
- Local departments of Rehabilitative Services
- Local school systems
- Regional offices, Department of Corrections
- Regional outreach offices, Department for the Deaf and Hard of Hearing
- Regional Offices, Department for the Blind and Vision Impaired
- Virginia Employment Commission Offices

The "referring agency" is defined as the agency that initiates the completion of the *Consent to Exchange Information* form with the individual. The referring agency may use the form to request or to transmit information to other agencies. Agencies may be considered either a "referring" or an "other" agency, depending upon which agency is contacted first by the client. If all parties agree, additional public and private agencies, facilities, and organizations may be included.

Agencies are assured that, when properly executed, this is a legally valid form that meets not only their own agency's state and federal requirements, but also those of the other participating agencies. The *Consent to Exchange Information* form has been reviewed by the Office of the Attorney General to assure compliance with federal and state confidentiality requirements. Agencies may choose to use a different uniform release form that addresses their individual needs if it meets the state and federal confidentiality and release of information statutory and regulatory requirements of ALL involved agencies.

Alcohol and Drug Abuse Confidentiality Requirements
To ensure compliance with federal alcohol and drug abuse confidentiality requirements, this form excludes the general sharing of information about clients in drug and alcohol programs. A separate release of information form specifically for alcohol and drug abuse records should be used each time information is shared between agencies (see attached form).

Purpose of the Consent to Exchange Information Form
The *Consent to Exchange Information* form is designed for use by agencies that work together to jointly provide or coordinate services for individuals with complex needs and should be used along with the referring agency's specific procedures for obtaining a valid release to exchange information. It also can be used to assist agencies obtain information needed from other agencies to determine an individual's eligibility for services or benefits. The completed form should reflect that the client (or his or her representative) controlled the choices and understood the process. When using this form, always keep in mind the importance of client wishes, client choices, and client comprehension of the process.

Agency staff and the consenting person will first determine whether the client might be eligible for services or benefits provided by other agencies. This determination should be based upon the needs, interests, and circumstances of the client as well as staff's knowledge of other agencies' services or benefits and eligibility requirements.

Referring agency staff must explain the following to the client:

- Potential services and benefits that might be available from other agencies.
- What information these agencies might need and for what purpose(s).
- The purpose of the form.
- The consequences of signing or not signing this release.
- Key provisions and protections (e.g., revocation, access to agencies' written record).

Staff should make every attempt to ensure that the consenting person understands the provisions of the form and should make appropriate efforts to accommodate the special needs of the consenting person. If the consenting person is unable to read or is blind or visually impaired, staff should read the form to him or her. Interpreters should be made available for people who do not speak English and for those who are deaf or hearing impaired. If the consenting person does not appear to comprehend the meaning of the form, it should be explained. If staff have ANY doubts that the consenting person is not comprehending the purpose and provisions of the form, they should ask the consenting person questions about the form (what the form allows the agency to do, etc.).

Based upon these answers, if staff determine that the consenting person is NOT comprehending the purpose and provisions of the form, staff should follow their agency's procedures for assuring that the form is signed by a legally authorized consenting person who fully comprehends the purpose and provisions of the form. The signature of a consenting person who does NOT comprehend what he or she is signing is not valid.

If the consenting person agrees, the form should be completed. This should be done by the consenting person, wherever possible. The consenting person must sign the form and insert the date in the indicated place. Staff explaining the form to the consenting person must sign the form in the indicated place. For those agencies with procedures requiring a witness (e.g., for a person who cannot write), space is provided for a witness to sign the form. The witness must observe the consenting person signing or placing a mark on the form and then must sign as indicated. The referring agency must give a copy of the completed form to the consenting person.

Sharing Information with Other Agencies

It is important for the referring agency to notify the other listed agencies that they are parties to this agreement to exchange information. This notification can be by telephone or though written correspondence. This notification must be entered into the client's record. If the referring agency wants to receive information from other agencies, it must provide a copy of the signed consent form with its initial request for information form each listed agency.

Virginia Privacy Protection Act Requirements

To ensure compliance with the Virginia Privacy Protection Act, each time information is disclosed by any of the listed agencies, staff of the disclosing agency must enter the following information into the client's record:

- Name of the agency and the name, title, telephone number of the individual receiving the information.
- Type and source of the information disclosed.
- Reason or purpose for the disclosure.
- Date the information was disclosed.

This requirement can be met by using a disclosure log (sample attached) or through the agency's own record keeping policies and procedures.

NOTE: The consenting person has the right to review the records of disclosure of the referring and other agencies upon request during the agencies' normal business hours.

Agency Record Keeping Policies and Procedures

Referring Agency: The original signed copy of the *Consent to Exchange Information* form, disclosure record, and any related materials shall be maintained in accordance with the agency's record keeping policies and procedures.

Other Agencies: A copy of the *Consent to Exchange Information* form, disclosure record, and any related materials shall be maintained in accordance with the agency's record keeping policies and procedures.

Renewing or Amending the Consent Form

The referring agency can renew or amend (e.g., by adding additional agencies) the original signed copy of the *Consent to Exchange Information* form by having the consenting person sign and insert the date beside the amendment on the original form. The referring agency must give a copy of the amended form to the consenting person and forward a copy of the amended form to each of the listed agencies.

Revocation of Consent

Consent to exchange information will expire on the date or condition agreed to by the consenting person. However, anytime prior to the expiration, the consenting person may choose to revoke or cancel this consent either with all or with selected agencies.

The consenting person may revoke his or her consent by informing any of the involved agencies in writing, by telephone, or in person. This notification must be noted on the back of the *Consent to Exchange Information* form and signed and dated by the agency staff person receiving the request to revoke the consent.

If the consenting person exercises the option of revoking his or her consent (in entirety or with selected agencies) to share information under the agreement, the agency receiving this notice shall inform all other listed agencies that are authorized to exchange information under the agreement of the revocation of the consent.

Clients Who Refuse to Sign the Consent Form

It is absolutely essential that the client understand and appreciate what will happen as a result of signing this form. The client also needs to understand that there is no requirement to sign this form, but that not signing the form will result in specific consequences. If the form is not signed, the client must deal with each agency individually to obtain needed information, and/or the agency may not be

able to provide services. If the form is signed, the process for applying for and receiving services may be easier for both the client and the involved agencies.

When Not to Use This Form

The *Consent to Exchange Information* form should not be used with:

- Individuals who do not comprehend the purpose and substance of the consent form; or
- Individuals for whom drug or alcohol abuse diagnostic or treatment information is being shared. In these cases, a separate consent form (attached) should be used.

Can Other Interagency Consent Forms Be Used?

Agencies should accept the *Consent to Exchange Information* form as a legally valid form. However, they may choose to use a different release form that addresses their individual needs IF it meets the state and federal confidentiality statutory and regulatory requirements of ALL the involved agencies.

COMMONWEALTH OF VIRGINIA
UNIFORM CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, am signing this form for
(FULL PRINTED NAME OF CONSENTING PERSON OR PERSONS)

_____
(FULL PRINTED NAME OF CLIENT)

_____
(CLIENT'S ADDRESS) *(CLIENT'S BIRTHDATE)(CLIENT'S SSN - OPTIONAL)*

My relationship to the client is: ☐ Self ☐ Parent ☐ Power of Attorney ☐ Guardian
☐ Other Legally Authorized Representative

I want the following confidential information *(except drug or alcohol abuse diagnoses or treatment information)* about the client to be exchanged:

Yes No	*Yes No*	*Yes No*
☐ ☐ Assessment Information	☐ ☐ Medical Diagnosis	☐ ☐ Educational Records
☐ ☐ Financial Information	☐ ☐ Mental Health Diagnosis	☐ ☐ Psychiatric Records
☐ ☐ Benefits/Services Needed, Planned, and/or Received	☐ ☐ Medical Records	☐ ☐ Criminal Justice Records
	☐ ☐ Psychological Records	☐ ☐ Employment Records
Other Information (write in):		☐ ☐ All of the Above

I want _____

_____
__
(NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)

and the following other agencies to be able to exchange this information:

Yes No	*Yes No*
☐ ☐ Nursing Facilities	☐ ☐ Area Agencies on Aging
☐ ☐ Community Services Boards	☐ ☐ Home Health Agencies
☐ ☐ DMHMRSAS	☐ ☐ Hospices
☐ ☐ Local Health Departments	☐ ☐ Physicians
☐ ☐ Hospitals	☐ ☐ Dept. of Social Services
☐ ☐ Dept. of Medical Assistance Services	☐ ☐ Other:

Are more agencies listed on back? ☐ ☐

I want this information to be exchanged ONLY for the following purpose(s):
☐ Service Coordination and Treatment Planning ☐ Eligibility Determination
☐ Other:

I want this information to be shared by the following means: *(check all that apply)*
☐ Written Information ☐ In Meetings or By Phone ☐ Computerized Data ☐ Fax

I want to share additional information received after this consent is signed: ☐Yes ☐ No

This consent is good until: ☐ My service case is closed. ☐ Other: _____

DECLARATION OF CONSENT
I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all the agencies to accept a copy of this form as a valid consent to share information. **If I do not sign this form, information will not be shared and I will have to contact each agency individually to give information about me that is needed.**

Signature(s): _____Date:
(CONSENTING PERSON OR PERSONS)

Person Explaining Form:_____
(Name) *(Title)* *(Phone Number)*
Witness (*If Required)*:_____
(Signature) *(Address)* *(Phone Number)*

COMMONWEALTH OF VIRGINIA
UNIFORM CONSENT TO EXCHANGE INFORMATION

Full Printed Name of Client:_____

FOR AGENCY USE ONLY

CONSENT HAS BEEN:

☐ Revoked in entirety
☐ Partially revoked as follows:

NOTIFICATION THAT CONSENT WAS REVOKED WAS BY:

☐ Letter (Attach Copy) ☐ Telephone ☐ In Person

DATE REQUEST RECEIVED: _____

AGENCY REPRESENTATIVE RECEIVING REQUEST:

(AGENCY REPRESENTATIVES FULL NAME AND TITLE)

(AGENCY ADDRESS AND TELEPHONE NUMBER)

5-14-92; revised 4-98 for Uniform Assessment Instrument Manual

Instructions for Completing the Consent to Exchange Information Form

PURPOSE - The "Consent to Exchange Information" form is designed for use by agencies that work together to jointly provide or coordinate services for individuals with complex needs. It also can be used to assist agencies to obtain information needed from other agencies to determine an individual's eligibility for services or benefits.

Agencies may use this form in lieu of forms that are currently used and receive the same legal protections. The only exception involves drug and alcohol patient records which are governed by federal regulations.

This form DOES NOT change existing state or federal laws or program - specific regulations under which agencies operate.

This form should be viewed as the end product of a discussion between the worker and the client or the client's authorized representative which documents the client's decision on when and what type of information can be released or obtained. This form should NOT BE USED with a client who does not comprehend the purpose and substance of the Consent Form.

WHEN PROPERLY EXECUTED, THIS IS A LEGALLY VALID DOCUMENT FOR EXCHANGING CLIENT INFORMATION. TO BE PROPERLY EXECUTED ALL STATEMENTS MUST BE COMPLETED WITH THE APPROPRIATE INFORMATION AND/OR BY CHECKING THE APPROPRIATE YES OR NO BOX.

CONSENTING PERSON OR PERSONS - Enter the full name of the person/persons authorizing the exchange of information.

NAME OF CLIENT - Enter the full name of the client about whom the information will be shared.

CLIENT'S ADDRESS, BIRTHDATE, SOCIAL SECURITY NUMBER (SSN) - Enter the client's address, date of birth, and social security number (SSN). *NOTE: Section 2.1-385 of the Code of Virginia makes it unlawful to require a client's social security number in order to obtain benefits or services unless a specific law allows the agency to require it.*

RELATIONSHIP TO Client - Check the consenting person's relationship to the client. Note: A legally valid consent requires that one of the listed relationships be present.

INFORMATION TO EXCHANGE - Check the appropriate box next to the information the client wishes to exchange among the listed agencies. If necessary, write in any other information the client wishes to exchange. *NOTE: If the client wishes to limit some of the information to be exchanged in any category, the limitations must be recorded on the back of the form. A client may want to exchange most, but not ALL, of the specific information checked "Yes" (e.g., a reference to past psychiatric hospitalization contained in psychiatric records). If the client wants some specific parts of a record to remain confidential, the referring agency MUST exclude this information when that record is shared with the other agencies).*

REFERRING AGENCY AND STAFF CONTACT PERSON - Enter the name and address of the agency which initiates the completion of the form. The staff contact person is the name of the staff person who discussed/explained the use of the form with the client and, if appropriate, assisted the client in completing the form.

SHARING AGENCIES - Check the type of agencies with which the information will be exchanged. If more space is needed, additional agencies can be listed on the back of the form. The consenting person(s) must place his or her signature or initials beside the name(s) of each agency listed on the back. The referring agency should notify the listed agencies that they are parties to the CONSENT TO EXCHANGE

INFORMATION. This notification can be by telephone or written correspondence. This notification must be recorded in the client's record. If the referring agency wants to obtain information from the listed agencies, it must provide a copy of the signed consent form. The copy may be mailed or faxed.

MORE AGENCIES LISTED - Check the appropriate box if more agencies were listed on the back of the form.

PURPOSE OF EXCHANGE - Check the appropriate box(es) or enter other purposes in the designated space.

HOW THE INFORMATION IS EXCHANGED - Check all appropriate boxes.

SHARING OF NEW INFORMATION - The client can limit the exchange of information contained in the record as of the date of the consent by checking the NO box. Information not in the record after the consent is signed can be exchanged by checking the YES box.

EXPIRATION - The length of time the consent is valid should bear a relationship to the client's participation in a project, service plan or treatment plan, and should be the client's choice. The consent form may NOT be valid "forever", "indefinitely" or for extremely long periods of time. Unless the client specifies a particular date or circumstances, acceptable length of time would be "until placement" or "until my case is closed".

SIGNATURES - The consenting person(s) must sign and date the form. A copy of the signed consent form must be given to the consenting person(s). If the consenting person cannot write and/or does not speak English, he or she will put his or her mark (i.e., initials, an "X") in the signature space. The staff person explaining the form to the consenting person(s) must sign the form and enter identifying information and a telephone number. If the agency procedures require a witness to a consenting person's mark, space is provided for his or her signature. The witness must observe the consenting person sign or place a mark on the form.

REVOCATION OF CONSENT - The consent to exchange information will expire on the date or circumstances agreed to by the consenting person(s). The consenting person(s) may revoke all or part of the consent at any time prior to the expiration by notifying any of the involved agencies. This notification can be by telephone, in writing, or in person. This notification to revoke must be documented on the back of the consent form by checking the appropriate boxes and entering the applicable information.

NOTIFICATION OF REVOCATION - The agency receiving the revocation notice must notify in writing all listed agencies of the client's revocation of his or her consent, either entirely or partially. Notification must be recorded in the case record.

RENEWING OR AMENDING THE CONSENT FORM - The referring agency can renew or amend the original consent form by having the consenting person(s) sign and date beside the amendment(s) on the original form. A copy of the amended form must be given to the consenting person(s) and an amended copy must be sent to all listed agencies.

INTERAGENCY CONSENT TO RELEASE CONFIDENTIAL INFORMATION FOR ALCOHOL OR DRUG PATIENTS

I, _____, of _____
(Name of patient/client) *(Patient/client's address)*

authorize _____ to disclose to
(Custodian of information)

_____
(Name, title, and organization to whom disclosure is to be made)

the following information: _____
(Specific information to be disclosed)

for the following purpose(s): _____
(Reason for disclosure)

_____

I understand that my records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this consent at any time, except to the extent that action has been taken in reliance on it, and that in any event this consent automatically expires as described below:

_____
(Date, event, or condition upon which this consent will expire)

I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will.

Executed this, the _____day of _____, 19_____

This consent ☐ includes ☐ does not include information placed on my records after the above date.

_____
(Signature of patient/client)

_____
(Signature of parent/guardian, where required)

_____
Signature of person authorized to sign in lieu of parent)

NOTE WHERE INFORMATION ACCOMPANIES THIS DISCLOSURE FORM: This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR part 2.) The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for

the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Instructions for Preparing the Interagency Consent to Release Confidential Information for Alcohol or Drug Patients

PURPOSE - This form is used in lieu of the "Consent to Exchange Information" form when sending or requesting information from a substance abuse program.

A substance abuse program is an entity that receives federal funds of any type that is providing one or more of the following:

- Diagnosis
- Treatment
- Referral for Treatment of Substance Abuse

Only substance abuse programs meeting this definition are governed by federal regulations.

Substance abuse programs covered by federal regulations may release information which identifies a person as a substance abuser, as a general rule only when:

- The person has consented to the release of information by signing the special form.
- A medical emergency exists and the information is being released to medical personnel.
- The court authorizes release.

DISCLOSURE LOG: CONSENT TO EXCHANGE INFORMATION

_____

(NAME OF AGENCY AND STAFF CONTACT PERSON)

_____

(FULL PRINTED NAME OF CLIENT) *(CASE NUMBER)*

_____

(CLIENT'S ADDRESS) *(CLIENT'S BIRTHDATE)* *(CLIENT'S SSN - OPTIONAL)*

Log of Disclosure of Information:

Receiving Agency	Name, Title, Telephone Number of Individual Receiving Information	Type and Source of Information Disclosed	Reason or Purpose of Disclosure	Date Disclosed

Instructions for Preparing the Disclosure Log

PURPOSE - To ensure compliance with the requirements of the Virginia Privacy Protection Act. Each time information is disclosed by any of the listed agencies, staff of the disclosing agency must enter the following information in the client's record:

1. Name of the agency and the name, title, and telephone number of the individual receiving the information.
2. Type and source of the information disclosed.
3. Reason or purpose for the disclosure.
4. Date that the information was disclosed.

This requirement can be met either by using the disclosure log or by following the agency's current procedures to meet disclosure requirements.

CLIENT NAME - Enter the name, address, birth date, and social security number (SSN) (optional) of the client about whom the information is disclosed.

LOG INFORMATION - Enter the information required in the appropriate box(es).

APPENDIX C: FORMAL SERVICE DEFINITIONS

Adult Day Services: Daytime supervision and care of frail, disabled, and institutionally at-risk adults at specified congregate settings. Services include nursing, personal care, recreation, socialization, counseling, meals, and rehabilitation.

Adult Protective Services (APS): Investigation of reports of abuse, neglect, or exploitation and of reports of adults who are at risk of abuse, neglect, or exploitation. Services include intake/referral, assessment of needs, counseling, emergency assistance, home or social support, medical care, legal, placement assistance, and financial assistance. According to the Code of Virginia, §§ 63.2-1603 through 1610, any person working with adults is mandated to report suspicion of abuse, neglect, or exploitation of adults. If, during the course of the assessment, the assessor suspects abuse, neglect, or exploitation, he or she must immediately report it to the local department of social services, APS, or to the APS 24-hour, toll-free hotline at 1-888-83ADULT.

Case Management: Coordination of multiple home- and community-based services. Core functions include screening, assessment, development of a care plan, monitoring, and reassessment. Includes case management for mental health, mental retardation, substance abuse, vocational rehabilitation, and other special populations.

Chore/Companion/Homemaker Services: Provision of housekeeping, companionship and,/or assistance with activities of daily living or instrumental activities of daily living to individuals who, because of their functional level, are unable to perform these tasks themselves.

Congregate Meals/Senior Center: The provision of nutritionally balanced meals that meet one-third of the current Recommended Dietary Allowance and/or other services designed to reduce isolation and loneliness for individuals 60 years of age and older, and for the spouses, regardless of age. The provision of meals must occur at designated nutrition sites which also provide a climate/atmosphere for socialization and opportunities to alleviate isolation/loneliness. If the congregate meal is provided as part of formal adult day care, code as "Adult Day Care."

Consumer-Directed Personal Attendant Services: Provision of non-medically oriented services which focus on assistance with activities of daily living. Clients receiving this service must have no cognitive impairments and are responsible for hiring, training, supervising, and firing their personal care attendants.

Financial Management/Financial Counseling: Provision of direct guidance and assistance to persons and their caregivers in the areas of consumer protection, personal financial matters, and tax preparation.

Friendly Visitor/Telephone Reassurance: Provision of social contact on a one-to-one basis. The visit may occur either in the home or in other settings. Telephone reassurance is the making of pre-arranged, regular telephone calls to homebound elderly who may need guidance, a friendly voice, and security.

Habilitation/Supported Employment: Habilitation programs provide planned combinations of individualized activities, supports, training, supervision, and transportation to people with mental retardation. The goal is to improve their conditioning or maintain an optimal level of functioning as

well as to ameliorate the individual's disabilities or deficits by reducing the degree of impairment or dependency.

Supported Employment is paid work in real businesses in the community where individuals with disabilities work side by side with non-disabled co-workers. A unique feature of supported employment is the involvement of a job coach or employment specialist who is responsible for providing individualized supports to assist the new worker with gaining and maintaining employment.

Home-Delivered Meals: Provision of nutritionally balanced meals that meet one-third of the current Recommended Daily Allowance. The meals must be delivered and received at the homes of the individuals.

Home Health/Rehabilitation: Provision of intermittent skilled nursing care under appropriate medical supervision to acutely or chronically ill homebound individuals. Various rehabilitative therapies (such as physical, occupational, and speech therapies) and home health aides providing personal care services are included.

Home Repairs/Weatherization: Provision of home repairs, home maintenance, and/or the installation of materials in low-income family homes to reduce heating costs. Services are provided which will correct safety hazards or provide a healthier environment.

Housing: Assistance to individuals and families in acquiring and/or maintaining safe, healthful, affordable housing and obtaining necessary household furnishings.

Legal: Legal advice and representation by an attorney including counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney. Includes counseling or representation by a non-lawyer, where permitted by law, to older individuals with economic or social needs. May also include preventive measures such as community education.

Mental Health: Individual, group and family outpatient counseling, specialized diagnostic and evaluation services, 24-hour emergency services, extended day support, case management (code as "case management"), inpatient/residential services, and prevention/early intervention services.

Mental Retardation: Services to mentally handicapped individuals including emergency services, case management, residential support, day support, outpatient, prevention and early intervention services, inpatient services, and sheltered workshops.

Personal Care: The provision of non-medically oriented services which focus on assistance with activities of daily living.

Respite: Care and services in the home, or in the community, provided on a temporary, short-term, intermittent, or emergency basis to support a caregiver in caring for an individual with functional limitations. Services may include companion, homemaker, personal care, adult day health care, and temporary institutional (out-of-home) care.

Substance Abuse: Information and referral, education, diagnosis and evaluation, individual, group and family counseling, recommendations for other treatments including residential, detoxification, half-way housing, methadone maintenance, outpatient and day services.

Transportation: Group transportation to congregate meals, socialization and recreation activities, shopping, and other services available in the community. Individual transportation to needed services that promote continued independent living.

Vocational Rehabilitation/Job Counseling: Assistance for persons who may have mental or physical disabilities but with a reasonable expectation that services will benefit the person in terms of employability. Services include counseling, evaluation of work capacities and limitations, employment training, medical services, case management services, and job placement.

APPENDIX D: DIAGNOSES

Definitions included here provide a brief overview of diagnoses categorized on the Uniform Assessment Instrument. Assessors are encouraged to consult medical professionals or reference books for additional information.

Alcoholism/Substance Abuse: Includes alcohol, prescription, illegal and over-the-counter drug abuse.

Blood-Related Disorders: Include erythremia, leukemia, lymphoma, splenic disorders, anemias, and hepatitis.

Cancer: Not a single disease, but a group of disorders where normal body cells are transformed into malignant ones. If a client reports cancer as a diagnosis, it is important to ask what type and ascertain the location of the tumor. Treatments include radiation and chemotherapy, and there may be side effects such as weight loss, poor appetite, skin irritation, diarrhea, weakness, fatigue, and pain. The assessor may want to ask a significant other about the client's prognosis.

Cardiovascular Problems

- **Circulation Problems:** include disturbances in the circulatory system, such as peripheral vascular disease (PVD). These problems may be evident by edema (swelling) of the extremities, ulcers, gangrene, discoloration, absence of pulse in the extremity and severe pain. This is also the code to give someone who is taking medication for high cholesterol.

- **Heart Problems:** include atherosclerosis (fatty deposits in the arteries), arteriosclerosis, cardiovascular disease, coronary artery disease, congestive heart failure, and heart attack.

- **High Blood Pressure (Hypertension or HBP)** is persistent elevation of arterial blood pressure.

- **Other Cardiovascular Problems**

Dementia

- **Alzheimer's Disease** is a progressive neurological problem of unknown etiology. Alzheimer's is characterized by loss of memory, confusion, agitation, loss of motor coordination, decline in the ability to perform routine tasks, personality changes, loss of language skills, and eventual death. Patients often exhibit emotional instability and problems such as wandering, depression, belligerence, and incontinence.

- **Non-Alzheimer's diseases** include organic brain syndrome (OBS), chronic brain syndrome, and senility.

Developmental Disabilities and Related Conditions

- **Mental Retardation** is characterized by subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period. Significantly below average is considered to be an IQ of 70 or below.

- **Autism** is a developmental disability which appears in childhood and results from a lack of organization in functioning of the brain. Symptoms include self-absorption, inaccessibility,

aloneness, inability to relate, highly repetitive play, rage reactions when interrupted, predilection for rhythmical movements, and language disturbances.

- **Cerebral Palsy** is a development disability caused by damage to the brain in utero or during birth, resulting in various types of paralysis and lack of motor coordination, particularly for muscles used in speech.

- **Epilepsy/Seizure Disorder** results from a sudden loss of consciousness accompanied sometimes by muscular contractions or spasms.

- **Friedreich's Ataxia** is an inherited degenerative disease with sclerosis of the spinal cord. Accompanied by ataxia, speech impairment, lateral curvature of the spinal column, and peculiar swaying and irregular movements, with paralysis of the muscles, especially of the lower extremities. Onset in childhood or adolescence.

- **Multiple Sclerosis** is characterized by inflammation and subsequent hardening of myelin in many areas of the spinal cord and brain. It is a progressive disease of the nervous system with onset usually in young adulthood, eventually resulting in complete loss of motor control.

- **Muscular Dystrophy** is a progressive muscle disease which causes weakness and atrophy of the muscles, respiratory difficulty, and heart failure. Muscular Dystrophy is often seen with mild retardation.

- **Spina Bifida** is a congenital defect in which the walls of the spinal canal undergo incomplete formation causing gross deformity and paralysis in the lumbar portion of the body. Hydrocephalus, or increased accumulation of cerebrospinal fluid within the ventricles of the brain, is common.

Digestive, Liver, and Gall Bladder Disorders

- **Intestinal problems** may include a wide range of digestive tract disorders. Common problems are peptic and duodenal ulcers, colitis, diverticulitis, hiatal hernia, or gall bladder disease. There are a variety of symptoms including indigestion, heartburn, nausea, belching, bloating, vomiting, diarrhea, weight loss, constipation, and pain. Other problems in this category include cirrhosis and chronic liver disease.

Endocrine/Glandular Problems

- **Diabetes** results form in insufficiency of insulin production by the pancreas and is characterized by the body's inability to utilize glucose (sugar). Diabetes is American's third leading cause of death and the leading cause of new cases of blindness. It also causes infections or poor healing of the legs and other complications. Depending on the type of diabetes, duration and severity, a special diet, oral medication, and/or insulin injections may be required.

- **Other** includes hyperthyroidism and hypothyroidism.

Eye Disorders: Include cataracts (age-related changes in the transparency of the lens), glaucoma (elevation of pressure of fluid within the eye causing damage to the optic nerve), blindness, conjunctivitis, and corneal ulcers.

Immune System Disorders: Include lupus, Acquired Immune Deficiency Syndrome (AIDS), and HIV-positive individuals.

Muscular/Skeletal Problems

- **Arthritis** is an inflammatory condition involving the joints which ranges in severity from occasional mild pain to constant pain that can cause crippling. Types of arthritis include rheumatoid and osteoarthritis; location may include hands, neck, back, hips, legs, or joints.

- **Osteoporosis** is a bone-thinning process with loss of normal bone density, mass, and strength. Osteoporosis is a major cause of fractures of the spine, hip, wrists, and other bones. It occurs in older men and women, but is most common in females with a family history of osteoporosis and who are fair-skinned, thin, and small-framed. Symptoms include loss of height, dowager's hump, and fractures.

- **Other** includes degenerative joint disease, bursitis, and tendinitis.

Neurological Problems

- **Brain Trauma/Injury** includes brain tumors which are lesions of the brain that cause varied symptoms including headaches, lack of motor coordination, seizures, or tremors. Also includes brain damage due to an accident or incident which significantly affects intellectual or adaptive functioning.

- **Spinal Cord Injury** is permanent damage to the spinal cord resulting in paralysis (loss of sensation and movement) to all or some limbs and the trunk of the body.

- **Stroke (Cerebral Vascular Accident or CVA)** is an acute episode that exhibits loss of consciousness, confusion, slurred, garbled speech or inability to speak, loss of mobility, and paralysis due to loss of oxygen to the brain. A stroke may leave permanent effects such as inability to speak or comprehend speech (aphasia), memory loss, confusion, paralysis, and contractures (shortening and tightening of muscles).

- **Other Neurological Problems** include Parkinson's Disease, a progressive neuromuscular disorder characterized by tremors, shuffling gait and muscle weakness, polio, and tardive dyskinesia.

Psychiatric Problems

- **Anxiety Disorders** are characterized by patterns of anxiety and avoidance behavior. While anxiety is a normal part of existence, these disorders cause impairment in social and occupational functioning.

- **Bipolar Disorder** includes mixed, manic, depressed, and seasonal. Manic Disorder is characterized by a distinct period of abnormally and persistently elevated, expansive, or irritable mood.

- **Major Depression** includes single episode/recurrent, chronic, melancholic, or seasonal depression disorder not otherwise specified. Major depression is characterized by depressed mood most of the day or nearly everyday, markedly diminished interest or pleasure in most or almost all activities and significant weight loss or gain.

- **Personality Disorder** includes paranoid, schizoid, schizotypal, histrionic, narcissistic, antisocial, borderline, avoidant, dependent, obsessive-compulsive, and passive-aggressive. Characteristics include enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are inflexible and maladaptive and cause either significant functional impairment or subjective distress.

- **Schizophrenia** includes disorganized, catatonic, and paranoid types and is characterized by patterns of delusions which are false beliefs, hallucinations, incoherence or marked lessening of association, flat or grossly inappropriate affect, and disturbances in psychomotor behavior.

- **Other Psychiatric Problems**

Respiratory Problems include lung and breathing problems.

- **Black lung** (Pneumoconiosis) is a chronic, disabling lung disease which results from accumulation of coal dust in the lung tissue.

- **COPD** is chronic obstructive pulmonary disease.

- **Pneumonia** is characterized by fluid in the lungs.

- **Other** includes TB, bronchitis, emphysema, asthma, and allergies.

Urinary/Reproductive Problems

- **Renal Failure** may be acute or chronic.

- **Other Urinary/Reproductive Problems** include inflammation of the bladder, infection in the kidneys or other parts of the urinary tract, urinary tract infections, urinary retention, urinary incontinence, and disorders of the male genital organs and female genital tract (i.e., irregular menstrual cycles).

All Other Problems includes anything not coded above.

APPENDIX E: COMMON PSYCHOTROPIC MEDICATIONS

BRAND NAME	*GENERIC NAME*
Adapin	Doxepin HCl
Anafranil	Fluoxetine
Aricept	Donepezil
Asendin	Amoxapine
Ativan	Lorazepam
Aventyl	Nortriptyline
Buspar	Buspirone HCl
Centrax	Prazepam
Clozaril	Clozapine
Cognex	Tacrine
Dalmane	Flurazepam HCl
Desyrel	Trazodone
Doral	Quazepam
Effexor	Venlafaxine
Elavil	Amitriptyline
Endep	Amitriptyline
Halcion	Triazolam
Haldol	Haloperidol
Janimine	Imipramine
Klonopin	Clonazepam
Librium	Chlordiazepoxide HCl
Lithium	Lithium Carbonate (tablet) or Lithium Citrate (liquid)
Loxitane	Loxapine
Ludiomil	Mapizotiline
Luvox	Fluvoxamine
Mellaril	Thioridazine
Moban	Molidone
Nardil	Phenelzine Sulfate
Navane	Thiothixene
Norpramin	Desipramine
Pamelor	Nortriptyline
Parnate	Tranylcypromine Sulfate
Paxil	Paroxetine
Permitil	Fluphenazine HCl
Pertofrane	Desipramine
Prolixin	Fluphenazine
ProSom	Estazolam
Prozac	Fluoxetine
Remeron	Mirtazapine
Restoril	Temazepam
Risperdal	Risperidone
Serax	Oxazepam
Serentil	Mesoridazine
Serzone	Nefazodone

BRAND NAME	***GENERIC NAME***
Sinequan	Doxepin HCl
Stelazine	Trifluoperazine
Taractan	Chlorprothiene
Thorazine	Chorpromazine
Tofranil	Imipramine
Tranxene	Clorazepate dipotassium
Trilafon	Perphenazine
Valium	Diazepam
Vivactil	Protryptyline
Welbutrin	Bupropion HCl
Xanax	Alprazolam
Zoloft	Sertraline HCl

APPENDIX F: ABBREVIATIONS USED IN LONG-TERM CARE

a	before
aa	of each
abn	abnormal
ac	before meals
ad lib	as desired
adm	admission, admitted
AF	auricular fibrillation
AFB	acid fast bacillus
AK	above knee
ALS	amyotrophic lateral sclerosis
AM	morning, before noon
AMA	against medical advice
amb	ambulatory
ad	up to
ADL	activities of daily living
AF	atrial fibrillation
ASCVD	arteriosclerotic cardiovascular disease
ASHD	arteriosclerotic heart disease
as tol	as tolerated
BC/BS	Blue Cross/Blue Shield
BC	birth control
BE	barium enema
bid	twice each day
bil	bilateral
BK amp	below knee amputation
BM	bowel movement
BMR	basal metabolic rate
BP	blood pressure
BR	bathroom
BRP	bathroom privileges
BUN	blood urea nitrogen
c	with
C	Centigrade
CA	cancer
cal	calorie
caps	capsule
CBC	complete blood count
cc	cubic centimeter
CCU	coronary care unit
CD	communicable disease
CF	cystic fibrosis
CHD	congenital heart disease
CHF	congestive heart failure
cm	centimeter
CNP	certified nurse practitioner
CNS	central nervous system
COPD	chronic obstructive pulmonary disease
CP	cerebral palsy
CRF	chronic renal failure
C&S	culture & sensitivity
c/o	complains of
CV	clinic visit
CVA	cerebrovascular accident (stroke)
CXR	chest X-ray
d	day
d/c	discharge
D/C	discontinue
DNA	deoxyribonucleic acie
DNKA	did not keep appointment
disp	dispense
DOA	dead on arrival
DOB	date of birth
dsg	dressing
dx	diagnosis
ECG, EKG	electrocardiogram
EEG	electro-encephalogram
EENT	eye, ears, nose, and throat
EMG	electromyelogram
ENT	ear, nose, and throat
epi	epidemiology
ER	emergency room
et	and
ETOH	alcohol
ESRD	end-stage renal disease
ext.	external, exterior
F	fahrenheit
f	female
F & C	foam and condoms
fa	father
FAS	fetal alcohol syndrome
FBS	fasting blood sugar
feb	pertaining to fever (febrile)
F.H.	family history
Fib.	fibrillation
fl	fluid
F/N/V/D	fever, nausea, vomiting, diarrhea
Foley	type of urinary catheter
f/u or F/U	follow-up
FUO	fever of unknown origin
fx	fracture

G	gravida
GI	gastrointestinal
Gm	gram
gr	grain
gtt	drops
GI	gastro-intestinal
GU	genito-urinary
GYN	gynecology
HBP	high blood pressure
Hep.	hepatitis
hct	hematocrit
HEENT	head, ears, eyes, nose, throat
hgb	hemoglobin
HIV	human immunodeficiency virus
H & P	history and physical
HOH	hard of hearing
H or hr	hour
hs	bedtime, hour of sleep
ht	height
HV	home visit
hx	history
IM	intramuscular
I & O	intake and output
I & R	information & referral
IBS	irritable bowel syndrome
ID	identification
IDDM	insulin dependent diabetes mellitus
IG	immunoglobulin
IM	intramuscular
inf.	infection
inj.	injection
IPPB	intermittent positive pressure breathing
IV	intravenous
IVP	intravenous pyelogram
K	potassium
Kg	kilogram
KUB	kidney, ureter, bladder
L	liter
L or l	left
lap.	laparoscopy
lat.	lateral
LLL	left lower lobe
LLQ	left lower quadrant
LMP	last menstrual period
LOM	loss of motion
LOQ	left outer quadrant
LP	lumbar puncture
LPN	licensed practical nurse
LS	lumbo-sacral
LSE	last sexual encounter
LUL	left upper lobe
LUQ	left upper quadrant
mcg	microgram
meds	medications
mg	milligram
MH	mental health
MI	myocardial infarction (heart attack)
ml	milliliter
mm	millimeter
MMR	measles, mumps, rubella
MOM	milk of magnesia
MR	mental retardation
MRI	magnetic resonance imaging
MS	multiple sclerosis
MVP	mitral valve prolapse
Na	sodium
NAD	no acute distress
N/C	no complaints
neg	negative
neuro	neurology
N/G	nasogastric
noct.	nocturnal
NP	nurse practitioner
NPO	nothing by mouth
N/S	normal saline
N/V	nausea and vomiting
occ	occasionally
OC	oral contraceptive
o.d.	right eye
oint	ointment
OM	otitis media
OOB	out of bed
OP	outpatient
Opth	opthamology
o.s.	left eye
os	mouth
OT	occupational therapy
OTC	over-the-counter
o.u.	both eyes
OV	office visit
oz	ounce
p	after

P	pulse
PA	posterior-anterior
Para	parity (# of births)
Path.	pathology
pc	after meals
PE	physical exam
per	by, through
PERLA	pupils equal, react to light & accommodation
Ph	acid or base (hydrogen ion concentration)
PHN	public health nurse
PID	pelvic inflammatory disease
PM	afternoon
PMH	past medical history
PRN	whenever necessary
po	by mouth (per os)
post-op	post-operative
POT	plan of treatment
pp	post prandial
pre-op	pre-operative
Prog	prognosis
pt	patient
PT	physical therapy
PTA	prior to admission
pulm	pulmonary
q	every
qd	every day
qhs	at bedtime
qh	every hour
qid	four times daily
qns	quantity not sufficient
qod	every other day
qam	every morning
qs	quantity sufficient
R or r	right
R	respiration
RA	rheumatoid arthritis
RBC	red blood cells or count
RD	registered dietician
resp	respiratory
RHD	rheumatic heart disease
RF	rheumatic fever
RLL	right lower lobe
RLQ	right lower quadrant
Rh	Rh factor
RN	registered nurse
R/O	rule out
R.O.M.	range of motion
RPT	registered physical therapist

RTC	return to clinic
RUQ	right upper quadrant
RV	return visit
Rx	prescription, treatment or therapy
s	without
S & S	signs and symptoms
SES	socioeconomic status
sed rate	sedimentation rate
Sig or S	write on labels
SL	sublingual
SLE	systemic lupus erythematosus
sl	sublingual (under the tongue)
SOB	short of breath
sol	solution
Sq	squamous
sq	subcutaneous
ss	one-half
SSE	soap suds enema
ST	speech therapy
STD	sexually transmitted disease
stat	at once, immediately
sub	subcutaneous (under the skin)
supp	suppository
surg	surgery
susp	suspension
SW	social worker
Sx	symptoms
T or t	temperature
tab	tablet
TB	tuberculosis
TC	telephone call
tid	three times a day
TLC	tender loving care
TMJ	temporal mandibular joint
TO	telephone order
TPR	temperature, pulse, respiration
tsp	teaspoon
TURP	trans-urethral resection prostate
Tx	treatment
UA	urinalysis
UGI	upper gastrointestinal
UIQ	upper inner quadrant
UOQ	upper outer quadrant
urol	urology
URI	upper respiratory infection
UTI	urinary tract infection
vag	vaginal
VD	venereal disease

APPENDIX G: MEDICAL TERMINOLOGY

The key to understanding medical terms is to focus on their components. The same components are used in many medical terms. Knowing the meaning of a small number of components can help with interpretation of a large number of medical terms. The following list defines many commonly used medical prefixes, roots, and suffixes.

a(n)	absence of
acou,acu	hear
aden(o)	gland
aer(o)	air
alg	pain
andr(o)	man
angi(o)	vessel
ankyl(o)	crooked, curved
ante	before
anter(i)	front, forward
	against
	artery
arthro	joint
articul	joint
ather(o)	fatty
	hearing
aur(i)	ear
aut(o)	self
bi, bis	twice, double, two
brachy	short
brady	slow
bucc(o)	cheek
carcin(o)	cancer
cardi(o)	heart
ceph	head
cerebr(o)	brain
cervic	neck
chol(e)	bile, referring to gall bladder
chondr(o)	cartilage
circum	around, about
contra	against, counter
	body
cost(o)	rib
crani(o)	skull
cry(o)	cold
cut	skin
cyan(o)	blue
cyst(o)	bladder
cyt(o)	cell
dactyl(o)	finger or toe
dent	tooth
derm(ato)	skin
dipl(o)	double
dors	back
dys	faulty, bad, abnormal
ectomy	excision (removal by cutting)
emia	blood
encephal(o)	brain
end(o)	inside
enter(o)	inside
epi	outer, superficial, upon
erythr(o)	red
eu	normal
extra	outside
gastr(o)	stomach
gen	become, originate
gloss(o)	tongue
glyc(o)	sweet, referring to glucose
gram, graph	write, record
gyn	woman
hem(ato)	blood
hemi	half
hepat(o)	liver
hist(o)	tissue
hydr(o)	water
hyper	excessive, high

hypo	deficient, low
hyster(o)	uterus
iatr(o)	doctor
infra	beneath
inter	among, between
intra	inside
itis	inflammation
lact(o)	milk
lapar(o)	flank, abdomen
latero	side
leuk(o)	white
lingu(o)	tongue
lip(o)	fat
lys(is)	dissolve
mal	bad, abnormal
malac	soft
mamm(o)	breast
mast(o)	breast
megal(o)	large
melan(o)	black
mening(o)	membranes
my(o)	muscle
myc(o)	fungus
myel(o)	marrow
nas(o)	nose
necr(o)	death
nephr(o)	kidneys
neur(o)	nerve
nutria	nourish
ocul(o)	eye
odyn(o)	pain
oma	tumor
onc(o)	tumor
oophor(o)	ovaries
ophthalm(o)	eye
opia	vision
opsy	examination
orchi(o)	testes
osis	condition
osse(o)	bone
oste(o)	bone
ot(o)	ear
path(o)	disease
ped(o)	child
penia	deficient, deficiency
peps, pept	digest
peri	around
phag(o)	eat, destroy
pharmaco	drug
pharyng(o)	throat
phleb(o)	vein
phob(ia)	fear
plasty	repair
pleg(ia)	paralysis
pnea	breathing
pneum(ato)	breath, air
pneumon(o)	lung
pod(o)	foot
poie	make, produce
poly	much, many
post	after
poster(i)	back, behind
presby	elder
proct(o)	anus
pseud(o)	false
psych(o)	mind
pulmon(o)	lung
pyel(o)	pelvis, kidney
pyr(o)	fever, fire
rachi(o)	spine
ren(o)	kidneys
rhag	break, burst
rhe	flow
rhin(o)	nose
scler(o)	hard
scope	instrument
scopy	examination
somat(o)	body
spondyl(o)	vertebra
steat(o)	fat
sten(o)	narrow, compressed
steth(o)	chest
stom	mouth, opening
supra	above
tachy	quick, fast
therap	treatment
therm(o)	heat
thorac(o)	chest
thromb(o)	clot, lump
tomy	incision (operate by cutting)
tox(i)	poison
uria	urine
vas(o)	vessel
ven(o)	vein
vesic(o)	bladder
xer(o)	dry

APPENDIX H: INDICATORS FOR REFERRAL OF ABUSE, NEGLECT, AND EXPLOITATION TO ADULT PROTECTIVE SERVICES (APS)/ VIRGINIA DEPARTMENT OF SOCIAL SERVICES

INDICATORS OF NEGLECT

Definition: Failure by a caregiver to provide an older or incapacitated adult with the necessities of life or failure of an older or incapacitated adult to provide necessities for himself or herself.

Inadequate Hygiene
Odorous/not bathed/dirty hair/body
Uncut hair/unshaven
Overgrown toe/finger nails
Not receiving mouth care

Nutrition
Dehydrated/malnourished
Constantly hungry
Not fed/inadequate meals

Physical Care
Inadequate/inappropriate/dirty clothing/shoes
Inadequate supervision
Lying in feces/urine/old food

Behavior of Victim
Begs for food/steals food
Eats meals alone in room
Picks at sores
Scratches self with nails/instruments

Condition of Home
Home in disrepair
Extremely dirty/garbage piled up
Severe pest/rodent infestation
Animal waste or smell/offensive odors
Inadequate heat/no fuel
Electricity cut off
Inadequate/contaminated water supply
No refrigerator/stove
Homeless

Social Isolation
Victim feels rejected
Victim is left alone
No opportunity to be with others
No planned activities
No cognitive stimulation

Medical Care of Victim
Not receiving needed medical care
No walking aids when needed
Special diet not allowed
No false teeth when needed/decayed teeth
No glasses or broken glasses
No hearing aid or broken hearing aid
Untreated mental health problems

Skin
Abrasions/lesions
Pressure sores/untreated sores
Insect bites
Dry, scaly/rash

Behavior of Abuser
Withholds food or medication
Does not assist with toileting
Does not assist with eating when needed
Call bell out of reach/does not answer call
Uses multiple medical facilities
Ignores/does not talk to victim
Does not allow victim to see others alone
Refuses to hire needed assistance
Inadequate supervision

INDICATORS OF PHYSICAL ABUSE

Definition: The infliction of physical pain or injury to the older person or the incapacitated adult.

Injuries
Cuts
Bites
Punctures
Abrasions
Lacerations
Bleeding
Sprains, dislocations
Bone fracture
Bruises
Burns
Scratches

Pattern of Injuries
Repeated
Frequent
Unusually placed
Several at one time
Various stages of healing
Bilateral, upper arms
Clustered
Shape of familiar object

Violent Actions
Pushed, shoved
Grabbed, shaken
Choked
Slapped
Punched, hit
Kicked, beaten
Cut
Shot
Handled roughly
Force fed
Scratched
Poked

Medical Evidence
Skeletal injuries
Retinal hemorrhages/detachment
Unset bones
Duodenal/jejunal hematomas
Ruptured inferior vena cava
Peritonitis
Internal injuries

INDICATORS OF UNREASONABLE CONFINEMENT

Definition: Use of physical or chemical restraints for reasons other than the adult's safety or well-being or without medical orders.

Inappropriate Physical Restraint
Handcuffed
Tied to furniture
Gagged
Locked in room
No adequate padding
Restrained only for confusion
Without medical orders
Without trying alternatives
Not periodically checked
Not permitted to leave house
Restrained person cannot get to phone
Phone out of reach

Inappropriate Chemical Restraint
Over medicated
Not checked for side effects of medication
Too much alcohol
Medicated without reason

INDICATORS OF EMOTIONAL ABUSE

Definition: Pain or distress which results from verbal or behavioral activity directed at the older or incapacitated adult.

Behavior of Victim
Depression
Self-destructive behavior
Intense fear
Intense sadness
Tearful without apparent reason
Overreacts to sound of abuser's voice

Actions of Abuser
Uses harsh tone of voice
Swears at person
Talks of person's death
Talks of person as a burden
Makes derogatory remarks

Threatens person with:
- violence
- institutionalization
- guardianship
- abandonment
- isolation
- premature discharge
- eviction

Insults person
Humiliates person
Calls person names
Treats person as a child
Overcritical of person
Does not allow person visitors

INDICATORS OF SEXUAL ABUSE

Definition: Touching, fondling, or any sexual activities with an older or incapacitated person when the older or incapacitated person is unable to understand or give consent or is forced to engage in sexual behavior.

Medical Evidence
Presence of semen
Presence of a sexually transmitted disease
Genital or urinary irritation, injury
Prolapsed uterus
Frequent, unexplained physical illness
Phobic behavior
Depression

Behavior of Victim
Intense fear reaction to one or more people
Mistrust of others
Nightmares, sleep disturbances
Extreme upset when changed or bathed
Regressive behaviors
Aggressive behaviors
Self-destructive behaviors

Violent Actions
Voyeurism
Exhibitionism
Inflicting pornography on victim
Sexual assault
Forced to perform oral sex
Force to fondle or touch abuser sexually
Forced to engage in sexual activity

Behavior of Abuser
Discussion of sexual activity
Sexual interest in victim's body
Sexual jokes/comments
Sexual harassment

INDICATORS OF FINANCIAL ABUSE

Indicators are signs, symptoms, or clues that suggest that abuse has occurred or is likely to occur. While there is no litmus test for identifying abuse, the presence of any of these conditions may warrant concern and further investigation.

- Bank activity that is erratic, unusual, or uncharacteristic of the person.
- Bank activity that is inconsistent with the person's abilities (e.g., the person's automatic teller card is used when the person is unable to use it).
- Recent, new acquaintances, particularly those who take up residence with the person.
- Changes in the person's property titles, will, or other documents, particularly if the person is confused and/or the documents favor new acquaintances.
- A power of attorney is executed by a confused person.
- Lack of amenities when the person can afford them.
- Missing property.
- Suspicious activity on credit card accounts.
- Forged or suspicious signatures on documents.
- Failure to receive services that have been paid for.
- The person is being evicted or having utilities disconnected.
- The person is uncared for when arrangements have been made for providing care.
- The person's documents are missing.
- The person's mail has been redirected to a different address.

Virginia Adult Protective Services 24-Hour Hotline
1-888-83ADULT

MANDATED REPORTERS FOR ADULT PROTECTIVE SERVICES

***Code of Virginia*, § 63.2-1606(A) -** Effective July 1, 2004

- **Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503, except persons licensed by the Board of Veterinary Medicine:**

Board of Nursing: Registered Nurse (RN); Licensed Nurse Practitioner (LNP); Licensed Practical Nurse (LPN); Clinical Nurse Specialist; Certified Massage Therapist; Certified Nurse Aide (CNA)

Board of Medicine: Doctor of Medicine and Surgery, Doctor of Osteopathic Medicine; Doctor of Podiatry; Doctor of Chiropractic; Interns and Residents; University Limited Licensee; Physician Assistant; Respiratory Therapist; Occupational Therapist; Radiological Technologist; Radiological Technologist Limited; Licensed Acupuncturists; Certified Athletic Trainers

Board of Pharmacy: Pharmacists; Pharmacy Interns; Permitted Physicians; Medical Equipment Suppliers; Restricted Manufacturers; Humane Societies; Physicians Selling Drugs; Wholesale Distributors; Warehousers, Pharmacy Technicians

Board of Dentistry: Dentists and Dental Hygienists Holding a License, Certification, or Permit Issued by the Board

Board of Funeral Directors and Embalmers: Funeral Establishments; Funeral Services Providers; Funeral Directors; Funeral Embalmers; Resident Trainees; Crematories; Surface Transportation and Removal Services; Courtesy Card Holders

Board of Optometry: Optometrist

Board of Counseling: Licensed Professional Counselors; Certified Substance Abuse Counselors; Certified Substance Abuse Counseling Assistants; Certified Rehabilitation Providers; Marriage and Family Therapists; Licensed Substance Abuse Treatment Practitioners

Board of Psychology: School Psychologist; Clinical Psychologist; Applied Psychologist; Sex Offender Treatment Provider; School Psychologist - Limited

Board of Social Work: Registered Social Worker; Associate Social Worker; Licensed Social Worker; Licensed Clinical Social Worker

Board of Nursing Home Administrators: Nursing Home Administrator

Board of Audiology and Speech Pathology: Audiologists; Speech-Language Pathologists; School Speech-language Pathologists

Board of Physical Therapy: Physical Therapist; Physical Therapist Assistant

- **Any mental health services provider as defined in § 54.1-2400.1;**

- **Any emergency medical services personnel certified by the Board of Health pursuant to § 32.1-111.5;**

- **Any guardian or conservator of an adult;**

- **Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;**

- **Any person providing full, intermittent, or occasional care to an adult for compensation, including but not limited to companion, chore, homemaker, and personal care workers; and**

- **Any law-enforcement officer.**

APPENDIX I: INDICATORS FOR REFERRAL AND INTERVIEWING STRATEGIES FOR PERSONS WITH VISUAL OR COMMUNICATION PROBLEMS

Referrals to the Virginia Department for the Blind and Vision Impaired (DBVI)

Use these indicators to help decide whether to refer someone to the DBVI for further specialized assessment and possible services.

- If the individual cannot read newspaper print.
- If the individual cannot read control knobs on a stove.
- If the individual bumps into things when moving around.
- If the individual cannot see well enough to eat efficiently with a spoon, knife, and fork.
- If the individual holds reading material close to the face.
- If the individual says that he or she can see an object better by looking at it from the corner of the eye rather than looking directly at the object (practices eccentric viewing).
- If the individual cannot see faces well enough to recognize people.
- If the individual is known to have one or more of the following eye conditions: glaucoma, macular degeneration, or diabetic retinopathy.

Any individual demonstrating one or more of these indicators should be referred to an ophthalmologist for an examination. Individuals found to have low vision (20/50 - 20/200) or found to be legally blind (20/200 or worse and which cannot be improved by regular spectacles or surgery) should be referred to DBVI for low vision aids and training. A listing of local DBVI offices is on the next page.

DEPARTMENT FOR THE BLIND AND VISION IMPAIRED REGIONAL OFFICES

FAIRFAX

Regional Manager
Fifty Sixty-Six Office Plaza
11150 Main Street, Suite 502
Fairfax, VA 22030
Telephone: 703-359-1100
FAX: 703-359-1111

BRISTOL

Regional Manager
111 Commonwealth Avenue
Bristol, VA 24201
Telephone: 540-669-0114
FAX: 540-676-5458

NORFOLK

Regional Manager
Norfolk Commerce Center
5505 Robin Hood Road
Suite F
Norfolk, VA 23513
Telephone: 757-858-6724
FAX: 757-858-6776

RICHMOND

Regional Manager
397 Azalea Avenue
Richmond, VA 23227
Telephone: 804-371-3353
FAX: 804-371-3174

ROANOKE

Regional Manager
Commonwealth of Virginia Building
210 Church Avenue, SW
Room 308
Roanoke, VA 24011
Telephone: 540-857-7122
FAX: 540-857-7845

STAUNTON

Regional Manager
620 East Beverly Street
Staunton, VA 24401
Telephone: 540-332-7729
FAX: 540-332-7733

ADMINISTRATIVE HEADQUARTERS -- RICHMOND

397 Azalea Avenue
Richmond, VA 23227
Telephone: 804-371-3140
FAX: 804-371-3351

Interviewing Strategies for Clients with Communication Problems and Other Limitations

LIMITATION	*BEHAVIOR*	*STRATEGIES*
Hearing	Presence of hearing aid or person seems inattentive or has strained facial expressions or leans forward with "good side."	1. Speak in normal, clear voice directly to person so he or she can read your lips. 2. Speak slowly without accentuating words and wait longer for a reply. 3. Allow respondent to read questions if necessary and use nodding as a reinforcer.
Vision	Presence of thick or dark glasses, a cloudy film over eyes, or discoloration in eyes.	1. Hold objects respondents are required to read so they are clearly visible. 2. Use a calm, reassuring voice, and speak clearly and distinctly. 3. Do not touch or shake hands with the respondent until you have spoken first. 4. Sit where there is no glare and the respondent can see you best.
Language	This limitation is immediately evident as the person tries to speak. The respondent knows what he or she wants to say, but may be unable to form words. Persons with this problem are especially sensitive to the attitudes and moods of others and may become irritated over minor incidents.	1. Give the person time to respond without pressure and be attentive. 2. Try to give as many nonspoken cues and gestures as appropriate. 3. Keep words as short and as clear as possible.
Fatigue	Characteristics of fatigue may be diffuse physical weariness, low level of energy, postural changes, changes in facial expression, sighing or grunting sounds, and sleepiness. There also may be lowered motivation and mental dullness and inattentiveness.	1. Try to identify source of fatigue to discern if a short break is needed or another appointment should be made. 2. Timing of the interview is important. Try for optimal times during the day--not too early in the morning, not too close to meal times, or when other appointments are due, and not after exhausting exercises or treatments.

Source: Bloom et al., 1971.

APPENDIX J: CITY/COUNTY (FIPS) CODES

Counties
001 Accomack
003 Albemarle
005 Alleghany
007 Amelia
009 Amherst
011 Appomattox
013 Arlington
015 Augusta
017 Bath
019 Bedford
021 Bland
023 Botetourt
025 Brunswick
027 Buchanan
029 Buckingham
031 Campbell
033 Caroline
036 Charles City
037 Charlotte
041 Chesterfield
043 Clarke
045 Craig
047 Culpeper
049 Cumberland
051 Dickenson
053 Dinwiddie
057 Essex
059 Fairfax
061 Fauquier
063 Floyd
065 Fluvanna
067 Franklin
069 Frederick
071 Giles
073 Gloucester
075 Goochland
077 Grayson
079 Greene
081 Greensville
083 Halifax
085 Hanover
087 Henrico
089 Henry
091 Highland
093 Isle of Wight
095 James City
097 King & Queen
099 King George
101 King William
103 Lancaster
105 Lee
107 Loudoun
109 Louisa
111 Lunenburg
113 Madison
115 Mathews
117 Mecklenburg
119 Middlesex
121 Montgomery
125 Nelson
127 New Kent
131 Northampton
133 Northumberland
135 Nottoway
137 Orange
139 Page
141 Patrick
143 Pittsylvania
145 Powhatan
147 Prince Edward
149 Prince George
153 Prince William
157 Rappahannock
159 Richmond County
161 Roanoke County
163 Rockbridge
165 Rockingham
167 Russell
169 Scott
171 Shenandoah
173 Smyth
175 Southampton
177 Spotsylvania
179 Stafford
181 Surry
183 Sussex
185 Tazewell
187 Warren
191 Washington
193 Westmoreland
195 Wise
197 Wythe
199 York

Cities
510 Alexandria
515 Bedford
520 Bristol
530 Buena Vista
540 Charlottesville
550 Chesapeake
560 Clifton Forge
570 Colonial Heights
580 Covington
590 Danville
595 Emporia
600 Fairfax City
610 Falls Church
620 Franklin
630 Fredericksburg
640 Galax
650 Hampton
660 Harrisonburg
670 Hopewell
678 Lexington
680 Lynchburg
683 Manassas
685 Manassas Park
690 Martinsville
700 Newport News
710 Norfolk
720 Norton
730 Petersburg
740 Portsmouth
750 Radford
760 Richmond City
770 Roanoke City
780 South Boston
790 Staunton
800 Suffolk
810 Virginia Beach
820 Waynesboro
830 Williamsburg
840 Winchester

APPENDIX K: INDICATORS FOR REFERRAL TO THE DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

You will obtain important direct and indirect information from other sections of the instrument which can be used to complete the mental health assessment. Pay particular attention to the following aspects of the individual's appearance and behavior during the total interview with the client and/or caregiver for pertinent information about a person's cognitive and emotional behavior.

Demographic: Can the client accurately give information about address, telephone number, date of birth, etc.?

Physical Environment: Is the living area cluttered, unclean, with spoiled food around, or numerous animals not well cared for? Is there evidence of pests?

Appearance: Does the client have soiled clothing and poor hygiene?

Functional Status: Does the client have difficulty with physical/maintenance of activities of daily living (ADLs)? Does a once routine activity now seem too complex to the client? (This may indicate dementia.) Does the client start an activity and then stop in the middle of it? Does the client walk with unsteady gait, have trouble with balance, appear awkward? Does the client have slowed movements, everything seems an effort, tired, weak? Any of these may indicate depression or the need for further evaluation.

IADLs: Does the client have diminished or absent ability to do instrumental ADLs?

Health Assessment: Does the client have somatic concerns: complain of headaches, dizziness, shortness of breath, heart racing, faintness, stomach or bowel disturbances (may indicate depression)? Does the client have trouble falling asleep awakening early or awakens for periods in the middle of the night? This may also indicate depression or the need for further evaluation.

Medication: Is there inappropriate use or misuse of prescribed and/or over-the-counter medications?

Speech: Are there speech difficulties, slurring, word-finding problems, can't get ideas across? (may indicate dementia).

Fractures/Dislocations: Does the client have fractures/bruises and is hesitant to give the cause?

Nutrition: Does the client have problems with appetite--eating too much or too little? Does the client have an unhealthy diet?

Hospitalization/Alcohol Use: Does the client have problematic alcohol use?
Cognitive: Does the client appear confused, bewildered, confabulates answers, speaks irrelevantly or bizarrely to the topic? Is the client easily distracted, has poor concentration, responds inconsistently when questioned? Is the client aware of surroundings, time, place, and situation? Does the client misplace/lose personal possessions? (may or may no complain of this) Does the client have angry outbursts and agitation? Does the client have decreased recognition of family and familiar places?

Emotional/Social: Does the client appear sad, blue, or despondent? Has crying spells, complains of feeling sad or blue, speaks and moves slowly, suffers significant appetite and sleep habit changes, has vague/somatic complaints and complains of memory impairments without objective impairment?

(may indicate depression) Does the client appear unusually excited or emotionally high? Show pressured, incessant and rapid speech? Brag, talk of unrealistic plans, show a decreased need for food or sleep? (may indicate grandiosity, euphoria, mania) Does the client appear to be hallucinatory? Hear or see things that aren't there? Talk, mutter, or mumble to him/herself? Giggle or smile for no apparent reason? (may indicate hallucinations) Does the client appear to be suspicious, feel that others are against him/her? Out to get him/her? Feel others are stealing from him/her? Feel he/she is being persecuted or discriminated against? Believe has special qualities/power? (may indicate delusions) Does client feel life is not worth living? Has she/he given up on self/ Does individual feel those who care about him/her have given up on him/her? Has the client ever considered ending his/her life? (may indicate suicidal thoughts, ideation, or gestures) Has the client ever considered harming someone? (may indicate homicidal ideation) Is the client fidgety, nervous, sweating, fearful, pacing, agitated, frightened, panicky? (may indicate fearfulness, anxiety, or agitation)

Inappropriate and disturbing (disruptive) behavior, particularly when it is more problematic for caretakers than the client (take note of how often the behavior occurs, when it began, and how much it currently upsets people in the immediate environment):

- Being suspicious and accusatory
- Verbally threatening to harm self or others
- Yelling out, screaming, cursing
- Taking others' things, hiding/hoarding possessions
- Being agitated, uncooperative and resistive with necessary daily routines
- Being a danger to self or others
- Exhibiting inappropriate sexual behavior
- Inappropriately voiding of urine or feces (voiding in non-bathroom locations)
- Being unaware of need to use bathroom or problems locating a bathroom
- Exhibiting intrusive or dangerous wandering (danger of getting lost, entering/damaging others' property, wandering into traffic)
- Exhibiting poor impulse control
- Exhibiting impaired judgment

Based on your assessment, if the client is currently exhibiting any of the following, a referral to the local CSB or other mental health professional should be considered:

Behavior	*Thinking*	*Affective/Feelings*
Aggressive/combative Destructive to self, others, or property Withdrawn/social isolation Belligerence/hostility Anti-social behavior Appetite disturbance Sleep disturbance Problematic substance abuse Sets fires	Hallucinations Delusions Disoriented Seriously impaired judgment Suicidal/homicidal thoughts, ideat gestures Cannot communicate basic needs Unable to understand simple commands Suspicion/persecution Memory loss Grandiosity/euphoria	Helplessness, hopelessness, feel worthless Sadness Crying spells Depressed Agitation Anxiety

If an individual is dangerous to self or others or is suicidal, an immediate referral should be made to the local CSB or other mental health professional.

Substance Abuse: A referral to the CSB should be considered when:

- A client reports current drinking of more than 2 drinks of alcohol per day. Further exploration of the usage is suggested; or
- Any current use of non-prescription mood-altering substances (e.g., marijuana, amphetamines).

Mental Retardation/Developmental Disability

Mental Retardation:

Diagnosis if:

- The person's intellectual functioning is approximately 70 to 75 or below;
- There are related limitations in two or more applicable adaptive skills areas; and
- The age of onset is 18 or below.

Use these questions or observations to assess undiagnosed but suspected MR:

- Did you go to school?
- What grade did you complete in school?
- Did you have special education?
- Does the individual have substantial functioning limitations in two or more of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work?

If a person meets the above definition of mental retardation, a referral should be made to the local CSB.
Developmental Disability

Definition: A severe, chronic disability of a person that:

- Is attributable to a mental or physical impairment or combination of mental or physical impairments;
- Is manifest before age 22;
- Is likely to continue indefinitely; and
- Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language; mobility; self-direction and capacity for independent living or economic self-sufficiency; or reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated.

Developmental disability includes, but is not limited to, severe disabilities attributable to autism, cerebral palsy, epilepsy, spina bifida, and other neurological impairment where the above criteria are met.

People who have mental health, mental retardation, or substance abuse problems should be assisted to achieve the highest level of recovery, empowerment, and self-determination that is possible for them. In order to achieve this, applications to and residents of facilities such as assisted living facilities may need mental health, mental retardation, or substance abuse services. If a need for these services if identified, the client should be referred to the CSB, behavior health authority (BHA), or other appropriate licensed provider that serves the locality in which the person resides. It is not necessary to make a diagnosis or to completed a clinical assessment to make a referral to a CSB/BHA/licensed provider, but it is important to describe the behavior and/or symptoms that are observed on the screening matrix.

The screening matrix should be included with the UAI when it is forwarded to the provider who will care for the individual.

SCREENING FOR MENTAL HEALTH/MENTAL RETARDATION/SUBSTANCE ABUSE NEEDS

CONCERNS/ SYMPTOMS/ BEHAVIORS	REFER TO CSB/BHA OR OTHER APPROPRIATE LICENSED PROVIDER FOR MH SERVICES	REFER TO CSB/BHA OR OTHER APPROPRIATE LICENSED PROVIDER FOR MR SERVICES	REFER TO CSB/BHA OR OTHER APPROPRIATE LICENSED PROVIDER FOR SA SERVICES	REFER FIRST TO PCP FOR MEDICAL SCREENING/ SERVICES	PLEASE RECORD INFO. ON THE MOST APPROPRIATE UAI SECTIONS NOTED BELOW
1. Received a diagnosis of mental retardation, originating before the age of 18 years, which is characterized by significant sub-average intellectual functioning as demonstrated by performance on a standardized measure of intellectual functioning (IW test) that is at least two standard deviations below the mean and significant limitations in adaptive behavior as expressed in conceptual, social, and practical skills.		X			#1-Demographic Info/Education #1-Current Formal Services #2-Functional Status-Comments #3-Diagnoses #5- Client Case Summary
2. Currently engaging in I.V. drug abuse and is willing to seek treatment.			X		#4-Drug Use #5-Client Case Summary
3. Currently pregnant and engaging in substance abuse to the degree that the health/welfare of the baby is seriously compromised, and is willing to seek treatment.			X		#4-Drug Use #5-Client Case Summary
4. Currently expressing thoughts about wanting to die or to harm self or others.	X Call immediately				#4-Emotional Status #5-Client Case Summary
5. Currently under the care of a psychiatrist and taking medications prescribed for serious mental health disorders (e.g., schizophrenia, bi-polar, or major affective disorders.)	X				#1-Current Formal Services #3-Physical Health #4-Emotional Status #4-Hospitalization #5-Client Case Summary
6. Past history of psychiatric treatment (outpatient and/or hospitalizations) for serious mental health disorders) (e.g., schizophrenia, bi-polar, or major affective disorders.)	X				#4-Hospitalization #5-Client Case Summary

CONCERNS/ SYMPTOMS/ BEHAVIORS	REFER TO CSB/BHA OR OTHER APPROPRIATE LICENSED PROVIDER FOR MH SERVICES	REFER TO CSB/BHA OR OTHER APPROPRIATE LICENSED PROVIDER FOR MR SERVICES	REFER TO CSB/BHA OR OTHER APPROPRIATE LICENSED PROVIDER FOR SA SERVICES	REFER FIRST TO PCP FOR MEDICAL SCREENING/ SERVICES	PLEASE RECORD INFO. ON THE MOST APPROPRIATE UAI SECTIONS NOTED BELOW
• Currently exhibiting the following behaviors that are not due to medical or organic causes: • Reports hearing voices, and/or talks to self, giggles/smiles at inappropriate times).	X				#3-Sensory Functions #4-Emotional Status #5-Client Case Summary
• Reports seeing thing that are not present.	X				#3-Sensory Functions #4-Emotional Status #5-Client Case Summary
• Inflicting harm on self by cutting, burning, etc.	X Call immediately				#4-Emotional Status #5-Client Case Summary
• Has difficulty staying physically immobile, insists on constantly moving physically within the environment, paces rapidly, and/or talks in a very rapid fashion, and may express grandiose and obsessive thoughts.	X				#3-Sensory Functions #4- Behavior Pattern #4-Emotional Status #5-Client Case Summary
• Confused, not oriented/aware of person, place, and time; may wander in or outside of facility/home.				X	#4-Cognitive Functions #4-Behavior Pattern #5-Client Case Summary
• Significant mood changes occur rapidly within one day and are not related to the environment.	X				#4-Emotional Status #5-Client Case Summary
• Becomes easily upset and agitated, exhibits behaviors others find intimidating, threatening, or provocative, may destroy property, and may feel others are "out to hurt him."	X				#4-Emotional Status #5-Client Case Summary
• Cries often, appears consistently sad, and exhibits very few other emotions.				X	#4-Emotional Status #5-Client Case Summary
• Has little appetite or				X	#3-Nutrition

CONCERNS/ SYMPTOMS/ BEHAVIORS	REFER TO CSB/BHA OR OTHER APPROPRIATE LICENSED PROVIDER FOR MH SERVICES	REFER TO CSB/BHA OR OTHER APPROPRIATE LICENSED PROVIDER FOR MR SERVICES	REFER TO CSB/BHA OR OTHER APPROPRIATE LICENSED PROVIDER FOR SA SERVICES	REFER FIRST TO PCP FOR MEDICAL SCREENING/ SERVICES	PLEASE RECORD INFO. ON THE MOST APPROPRIATE UAI SECTIONS NOTED BELOW
energy, consistently sleeps more than 9-10 hours /day, or has problems sleeping, and has little interest in social activities.					#4-Emotional Status #4-Social Status #5-Client Case Summary
• Level of personal hygiene and grooming has significantly declined.				X	#3-Functional Status #5-Client Case Summary
8. Displaying behaviors that are considered very unusual in the general population and a medical exam has found no physical basis (i.e., Alzheimer's Disease, brain injury, MR, etc.) Behaviors may include:	X				#5-Client Case Summary
• Eating non-food items	X				#5-Client Case Summary
• Voiding (urine and/or feces) in inappropriate places and/or inappropriately handling/disposing of these items.	X				#5-Client Case Summary
• Inappropriate sexual aggression or exploitation.	X				#5-Client Case Summary
• Combatively engaging in odd, ritualistic behaviors.	X				#5-Client Case Summary

APPENDIX L: CONTACTS

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 East Broad Street, Suite 1300, Richmond, VA 23219

Long-Term Care Section 804-225-4222
Long-Term Care Unit 804-225-4222
FAX 804-371-4986
DMAS Provider HELPLINE (have 7-digit provider number ready) 1-800-552-8627
..... or 786-6273 in Richmond
DMAS Order Desk (for questions concerning ordering of forms) 804-329-4400

DMAS Regional Offices

Central Region	**Community-Based Care Section, DMAS, 600 East Broad Street Suite 1300, Richmond, VA 23219**	**804-786-1465**
Southwest Region	**Community-Based Care Section, DMAS, Commonwealth Building, Suite 330, Roanoke, VA 24011**	**540-857-7342**
Tidewater Area	**Community-Based Care Section, DMAS, 3 The Koger Center, Suite 225, Norfolk, VA 23502**	**757-455-3815**

DEPARTMENT OF SOCIAL SERVICES
7 North Eighth Street, Richmond, VA 23219

Adult Services Program 804-726-7533
FAX 804-726-7895
APS Toll-free Hotline 1-888-832-3858

VDSS Area Adult Services Coordinators

Central Area	**Barbara Jenkins**	**804-662-9783**
Eastern Area	**Dorothy Endres**	**757-491-3980**
Northern Area	**David Stasko**	**540-347-6313**
Piedmont Area	**Bill Parcell**	**540-483-6856**
Western Area	**Carol McCray**	**276-676-5636**

VDSS Division of Licensing Programs 804-692-1760
VDSS Division of Licensing Programs Regional Staff
Central Region 804-662-9773
Eastern Region 757-473-2116
Peninsula Licensing Office 757-594-7594
Northern Region 540-347-6345
Fairfax Area Licensing Office 703-943-1535
Verona Licensing Office 540-248-9345
Piedmont Region 540-857-7971
Abingdon Licensing Office 540-628-5171

DEPARTMENT FOR THE AGING
1610 Forest Avenue, Suite 100, Richmond, VA 23229

Information and Assistance.....1-800-552-3402

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
109 Governor Street, Richmond, VA 23219 .....(804) 786-3921

DEPARTMENT OF HEALTH
3600 Centre, Suite 216, 3600 West Broad Street, Richmond, VA 23230

Center for Quality Health Care Services and Consumer Services 804-367-2100

Nursing Facility Complaint Hotline .....(800) 955-1819

DEPARTMENT FOR THE BLIND AND VISION IMPAIRED
Richmond, VA 23288

Information.....

OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN 1-800-552-3402

DEPARTMENT OF REHABILITATIVE SERVICES
8004 Franklin Farms Drive, P.O. Box K300, Richmond, VA 23288

Information.....1-800-552-5019

APPENDIX M: MEDICATION CLASSIFICATIONS

Disclaimer: Please note that the attached list offers the USUAL or CUSTOMARY use of medications; however, many medications have multiple uses. Please consult a current drug guide or health professional for additional information.

MEDICATION Bold indicates brand name; non-bold indicates generics	CUSTOMARY USE
A.P.L. intramuscular	**Fertility**
ABACAVIR/ZIAGEN oral	HIV/AIDS
ABILIFY/ARIPIPRAZOLE oral	**Psychoses**
ACARBOSE/**PRECOSE oral**	Diabetes
ACCOLATE/ZAFIRLUKAST oral	**Asthma & COPD (Chronic Obstructive Pulmonary Disease)**
ACCUHIST LA oral, controlled-release	**Allergy**
ACCUPRIL/QUINAPRIL oral	**Hypertension**
ACCURETIC/QUINAPRIL-HCTZ oral	**Hypertension**
ACCUTANE/ISOTRETINOIN oral	**Acne Product**
ACEBUTOLOL HCL/**SECTRAL oral**	Hypertension
ACEON/PERINDOPRIL oral	**Hypertension**
ACETAZOLAMIDE/DIAMOX oral	Diuretics- Other
ACETIC ACID/VOSOL Otic (ear)	Otic (ear)
ACETYLCYSTEINE/**MUCOMYST-10 miscellaneous**	Cough and Cold
ACIDIC VAG/ACI-JEL vaginal	Vaginal Product
ACI-JEL/ACIDIC VAG vaginal	**Vaginal Product**
ACIPHEX/RABEPRAZOLE enteric-coated	**Ulcers/GERD (Gastroenteral Reflux Disease)**
ACITRETIN/**SORIATANE oral**	Psoriasis
ACLOVATE/ALCLOMETASONE cream	**Topical Inflammation & Itching**
ACTIGALL/URSODIOL oral	**Digestion**
ACTIMMUNE subcutaneous	**Antineoplastic (anti-cancer)**
ACTIQ/FENTANYL buccal	**Pain**
ACTIVELLA/ESTROGEN-NORETH oral	**Hormone Replacement Therapy**
ACTONEL/RISEDRONATE oral	**Bone Disorders**
ACTOS/PIOGLITAZONE oral	**Diabetes**
ACULAR PF/KETOROLAC Ophthalmic	**Ophthalmic (eye)**
ACULAR/KETOROLAC Ophthalmic	**Ophthalmic (eye)**
ACYCLOVIR/ZOVIRAX ointment	Topical Antiinfective
ACYCLOVIR/ZOVIRAX oral	Antiviral
ADALAT CC/NIFEDIPINE SA oral, controlled-release	**Hypertension**
ADALIMUMAB/**HUMIRA BI-WEEKLY INJ subcutaneous**	Anti-Rheumatic
ADAPALENE/DIFFERIN CREAM cream	Acne Product
ADDERALL XR /AMPHETAMINE SALT oral, controlled-release	**ADHD/Stimulant**
ADDERALL/AMPHETAMINE SALTS oral	**ADHD/Stimulant**
ADOXA/DOXYCYCLINE oral	**Antiinfective**
ADVAIR/FLUTICASONE-SALMETEROL inhalation, MDI	**Asthma & COPD**
ADVICOR/LOVASTATIN-NIACIN oral, controlled-release	**Lipid Disorder/Cholesterol**
AEROBID-M/FLUNISOLIDE inhalation, MDI	**Asthma & COPD**
AGENERASE/AMPRENAVIR oral	**HIV/AIDS**
AGGRENOX/DIPYRIDAMOLE-ASA oral, controlled-release	**Hematological (blood)**
AGRYLIN /ANAGRELIDE oral	**Hematological (blood)**
AKINETON/BIPERIDEN oral	**Movement Disorder**
AKNE-MYCIN/ERYTHROMYCIN ointment	**Topical Antiinfective**
ALAMAST/PEMIROLAST Ophthalmic	**Ophthalmic (eye)**
ALBENDAZOLE/ALBENZA oral	Anti-parasitic
ALBENZA/ALBENDAZOLE oral	**Anti-parasitic**
ALBUTEROL/**PROVENTIL HFA inhalation, MDI**	Asthma & COPD

ALBUTEROL/**PROVENTIL/VENTOLIN oral**	Asthma & COPD
ALBUTEROL/VOLMAX oral, controlled-release	Asthma & COPD
ALBUTEROL-IPRATROPIUM/COMBIVENT/DUONEB inhalation	Asthma & COPD
ALCLOMETASONE/ACLOVATE cream	Topical Inflammation & Itching
ALDACTAZIDE oral	**Hypertension**
ALDACTONE/SPIRONOLACTONE oral	**Hypertension**
ALDARA/IMIQUIMOD topical, other	**Antineoplastic (anti-cancer)**
ALDESLEUKIN/**PROLEUKIN intravenous**	Antineoplastic (anti-cancer)
ALDOMET/METHYLDOPA oral	**Hypertension**
ALDORIL/METHYLDOPA-HCTZ oral	**Hypertension**
ALENDRONATE/FOSAMAX oral	Bone Disorders
ALITRETINOIN/**PANRETIN topical, other**	Topical Inflammation & Itching
ALKERAN/MELPHALAN oral	**Antineoplastic (anti-cancer)**
ALLCLENZ/POLOXAMER topical, other	**Dermatological (skin disorders)**
ALLEGRA/FEXOFENADINE oral	**Allergy**
ALLEGRA-D oral, controlled-release	**Allergy**
ALLERX-D/HISTACLEAR D oral, controlled-release	**Cough and Cold**
ALLOPURINOL/ZYLOPRIM oral	Gout
ALMOTRIPTAN/ AXERT oral	Headache
ALOCRIL/NEDOCROMIL Ophthalmic	**Ophthalmic (eye)**
ALOMIDE/LODOXAMIDE Ophthalmic	**Ophthalmic (eye)**
ALPHAGAN/BRIMONIDINE Ophthalmic	**Ophthalmic (eye)**
ALPRAZOLAM/XANAX oral	Anxiety
ALPROSTADIL/EDEX/CAVERJECT/MUSE intracavernousal	Genitourinary
ALREX/LOTEMAX/LOTEPREDNOL Ophthalmic	**Ophthalmic (eye)**
ALTACE/RAMIPRIL oral	**Hypertension**
ALTOCOR /LOVASTATIN oral, controlled-release	**Lipid Disorder/Cholesterol**
ALTRETAMINE/**HEXALEN oral**	Antineoplastic (anti-cancer)
ALUPENT SYRUP/METAPROTERENOL oral	**Asthma & COPD**
ALUPENT/METAPROTERENOL inhalation, MDI	**Asthma & COPD**
ALUSTRA cream	**Skin Pigment (color) Agent**
AMANTADINE/**SYMMETREL oral**	Movement Disorder
AMARYL/GLIMEPIRIDE oral	**Diabetes**
AMBENONIUM/**MYTELASE oral**	Alzheimer's Disease
AMBIEN/ZOLPIDEM oral	**Anxiety**
AMERGE/NARATRIPTAN oral	**Headache**
AMICAR/AMINOCAPROIC oral	**Hemostatic (stops bleeding)**
AMILORIDE HCL-HCTZ/**MODURETIC oral**	Hypertension
AMILORIDE/**MIDAMOR oral**	Hypertension
AMINOCAPROIC/ AMICAR oral	Hemostatic (stops bleeding)
AMINO-CERV VAG CREAM vaginal	**Vaginal Product**
AMIODARONE/CORDARONE/PACERONE oral	Arrhythmias
AMITRIPTYLINE/ELAVIL oral	Depression
AMITRIPTYLINE-PERPHEN/ETRAFON/TRIAVIL oral	Antidepressant Combinations
AMLEXANOX / APHTHASOLmucous membrane	Mouth-Throat: Local
AMLODIPINE–BENAZEPRIL/**LOTREL oral**	Hypertension
AMLODIPINE/**NORVASC oral**	Hypertension
AMMONIUM LACTATE/**LAC-HYDRIN cream**	Dermatological (for skin disorders)
AMOXAPINE/ ASENDIN oral	Depression
AMOXICILLIN/ AMOXIL/ TRIMOX oral	Antiinfective
AMOXIL/TRIMOX/AMOXICILLIN oral	**Antiinfective**
AMPHETAMINE SALT/ADDERALL XR oral, controlled-release	ADHD/Stimulant
AMPHETAMINE SALTS/ADDERALL oral	ADHD/Stimulant
AMPICILLIN/**PRINCIPEN oral**	Antiinfective
AMPRENAVIR/AGENERASE oral	HIV/AIDS
ANAFRANIL/CLOMIPRAMINE oral	**Depression**
ANAGRELIDE/AGRYLIN oral	Hematological (blood)
ANAKINRA/**KINERET subcutaneous**	Anti-Rheumatic
ANA-KIT miscellaneous	**Antidotes**
ANAPLEX HD oral	**Cough and Cold**
ANAPROX/NAPROXEN SODIUM oral	**NSAIDs (Non-steroidal anti-**

	inflammatory drug)
ANASTROZOLE/ ARIMIDEX/ oral	Antineoplastic (anti-cancer)
ANDRODERM/**TESTODERM patch**	Androgen/Hormone
ANDROGEL/TESTOSTERONE gel	**Androgen/Hormone**
ANDROID/METHYLTESTOSTERONE oral	**Androgen/Hormone**
ANSAID/FLURBIPROFEN oral	**NSAIDs**
ANTIVERT/MECLIZINE oral	**Nausea & Vomiting**
ANUSOL-HC SUPP rectal	**Anorectal**
ANZEMET/DOLASETRON oral	**Nausea & Vomiting**
APAP with CODEINE/**TYLENOL oral**	Pain
APHTHASOL/AMLEXANOX mucous membrane	**Mouth-Throat: Local**
APRACLONIDINE/**IOPIDINE Ophthalmic**	Ophthalmic (eye)
APRESAZIDE/HYDRALAZINE-HCTZ oral	**Hypertension**
APRESOLINE/HYDRALAZINE HCL oral	**Hypertension**
AQUATAB oral, controlled-release	**Cough and Cold**
ARALEN/CHLOROQUINE oral	**Malaria**
ARANESP/DARBEPOETIN injection	**Hematological (blood)**
ARAVA/LEFLUNOMIDE oral	**Anti-Rheumatic**
ARICEPT/DONEPEZIL oral	**Alzheimer's Disease**
ARIMIDEX/ANASTROZOLE oral	**Antineoplastic (anti-cancer)**
ARIPIPRAZOLE/ABILIFY oral	Psychoses
AROMASIN/EXEMESTANE oral	**Antineoplastic (anti-cancer)**
ARTANE/TRIHEXYPHENIDYL oral	**Movement Disorder**
ARTHROTEC enteric-coated	**NSAIDs**
ASACOL/MESALAMINE enteric-coated	**Intestinal Disorder**
ASENDIN/AMOXAPINE oral	**Depression**
ASTELIN/AZELASTINE nasal	**Allergy**
ATACAND HCT/CANDESARTAN-HCTZ oral	**Hypertension**
ATACAND oral	**Hypertension**
ATAPRYL/SELIGILINE HCL oral	**Movement Disorder**
ATARAX/HYDROXYZINE oral	**Allergy**
ATENOLOL/**TENORMIN oral**	Hypertension
ATENOLOL-CHLORTHALIDONE/**TENORETIC oral**	Hypertension
ATIVAN/LORAZEPAM oral	**Anxiety**
ATOMOXETINE/**STRATTERA oral**	ADHD/Stimulant
ATORVASTATIN/**LIPITOR oral**	Lipid Disorder/Cholesterol
ATROPINE/**SAL-TROPINE oral**	Gastrointestinal Antispasmodic
ATROVENT MDI/IPRATROPIUM inhalation, MDI	**Asthma & COPD**
ATROVENT NEB. SOLN./IPRATROPIUM inhalation	**Asthma & COPD**
ATROVENT/IPRATROPIUM nasal	**Cough and Cold**
ATS 2%/ERY-DERM /ERYTHROMYCIN topical liquid	**Topical Antiinfective**
ATUSS EX or G or MS oral	**Cough and Cold**
AUGMENTIN oral	**Antiinfective**
AUGMENTIN XR oral, controlled-release	**Antiinfective**
AURALGAN perfusion	**Otic (ear)**
AURANOFIN/**RIDAURA oral**	Anti-Rheumatic
AVALIDE/IRBESARTAN-HCTZ oral	**Hypertension**
AVANDAMET oral	**Diabetes**
AVANDIA /ROSIGLITAZONE oral	**Diabetes**
AVAPRO/IRBESARTAN oral	**Hypertension**
AVELOX/MOXIFLOXACIN oral	**Antiinfective**
AVINZA/MORPHINE oral, controlled-release	**Pain**
AVODART/DUTASTERIDE oral	**Genitourinary**
AVONEX/INTERFERON BETA-1A intramuscular	**Nervous System Disorder**
AXERT /ALMOTRIPTAN oral	**Headache**
AXID/NIZATIDINE oral	**Ulcers/GERD**
AXOCET/**PHRENILIN oral**	Pain
AYGESTIN/NORETHINDRONE oral	**Hormone Replacement Therapy**
AZATHIOPRINE/**IMURAN oral**	Immunosuppression
AZELAIC ACID/ AZELEX cream	Topical Antiinfective
AZELASTINE/ ASTELIN nasal	Allergy

AZELASTINE/OPTIVAR Ophthalmic	Ophthalmic (eye)
AZELEX/AZELAIC ACID cream	**Topical Antiinfective**
AZITHROMYCIN/ZITHROMAX oral	Antiinfective
AZMACORT/TRIAMCINOLONE inhalation, MDI	**Asthma & COPD**
AZOPT/BRINZOLAMIDE Ophthalmic	**Ophthalmic (eye)**
AZULFIDINE/SULFASALAZINE enteric-coated	**Antiinfective**
BACITRACIN Ophthalmic	**Ophthalmic (eye)**
BACLOFEN/LIORESAL oral	Skeletal Muscle Relaxants
BACTRIM/SEPTRA SUSPENSION oral	**Antiinfective**
BACTROBAN/MUPIROCIN cream	**Topical Antiinfective**
BALSALAZIDE/COLAZAL oral	Intestinal Disorders
BECAPLERMIN/REGRANEX topical, other	Diabetes
BECLOMETHASONE/BECONASE AQ/VANCENASE nasal	Allergy
BECLOMETHASONE/QVAR inhalation, MDI	Asthma & COPD
BECONASE AQ/BECLOMETHASONE nasal	**Allergy**
BELLERGAL-S oral	**Headache**
BENADRYL/DIPHENHYDRAMINE oral	**Allergy**
BENAZEPRIL/LOTENSIN/LOTREL oral	Hypertension
BENAZEPRIL-HCTZ/LOTENSIN HCT oral	Hypertension
BENICAR/OLMESARTAN oral	**Hypertension**
BENOQUIN/MONOBENZONE cream	**Skin Pigment (color) Agent**
BENTYL/DICYCLOMINE oral	**GI Antispasmodic**
BENZAC/PANOXYL/DESQUAM topical, other	Acne Product
BENZACLIN topical, other	**Acne Product**
BENZAMYCIN/ERYTHROMYCIN-BENZOYL PEROXIDE topical,	**Acne Product**
BENZOCAINE/OTOGESIC perfusion	Otic (ear)
BENZONATATE/TESSALON oral	Cough and Cold
BENZOYL PEROXIDE/BREVOXYL TRIAZ gel	Acne Product
BENZTROPINE/COGENTIN oral	Movement Disorder
BEPRIDIL/VASCOR oral	Hypertension
BETAGAN/LEVOBUNOLOL Ophthalmic	**Ophthalmic (eye)**
BETAMETH/DIPROSONE cream	Topical Inflammation & Itching
BETAMETHASONE VALERATE cream	**Topical Inflammation & Itching**
BETAMETHASONE/DIPROLENE AF cream	Topical Inflammation & Itching
BETAMETHASONE/LUXIQ FOAR/VALISONE LOT topical, other	Topical Inflammation & Itching
BETAPACE/SOTALOL oral	**Hypertension**
BETASERON/INTERFERON BETA-1B subcutaneous	**Nervous System Disorders**
BETAXOLOL/BETOPTIC S Ophthalmic	Ophthalmic (eye)
BETAXOLOL/KERLONE oral	Hypertension
BETHANECHOL/URECHOLINE oral	Miscellaneous GI Agents
BETIMOL/TIMOLOL Ophthalmic	**Ophthalmic (eye)**
BETOPTIC S/BETAXOLOL Ophthalmic	**Ophthalmic (eye)**
BEXAROTENE/TARGRETIN oral	Antineoplastic (anti-cancer)
BEXAROTENE/TARGRETIN topical, other	Dermatological (for skin disorders)
BEXTRA/VALDECOXIB oral	**NSAIDs**
BIAXIN XL/CLARITHROMYCIN oral, controlled-release	**Antiinfective**
BICALUTAMIDE/CASODEX oral	Antineoplastic (anti-cancer)
BICITRA oral	**Genitourinary**
BILTRICIDE/PRAZIQUANTEL oral	**Anti-parasitic**
BIPERIDEN/AKINETON oral	Movement Disorder
BISOPROLOL with HCTZ/ZIAC oral	Hypertension
BISOPROLOL/ZEBETA oral	Hypertension
BLEPH 10/SULFACETAMIDE 10% Ophthalmic	**Ophthalmic (eye)**
BLEPHAMIDE OINT. Ophthalmic	**Ophthalmic (eye)**
BLEPHAMIDE/METIMYD Ophthalmic	Ophthalmic (eye)
BLOCADREN/TIMOLOL oral	**Hypertension**
BOSENTAN/TRACLEER oral	Miscellaneous Respiratory
BOTOX/BOTULINUM intramuscular	**Neuromuscular Blockers**
BOTULINUM/BOTOX intramuscular	Neuromuscular Blockers
BRETHINE/TERBUTALINE oral	**Asthma & COPD**

BREVOXYL/TRIAZ/BENZOYL PEROXIDE gel	**Acne Product**
BRIMONIDINE/ ALPHAGAN Ophthalmic	Ophthalmic (eye)
BROMFED-PD oral, controlled-release	**Allergy**
BROMOCRIPTINE/**PARLODEL oral**	Miscellaneous Endocrine
BRONTEX/GUAIFENESIN-CODEINE oral	**Cough and Cold**
BUDESONIDE/ENTOCORT EC oral, controlled-release	Asthma & COPD
BUDESONIDE/**PULMICORT inhalation**	Asthma & COPD
BUDESONIDE/**RHINOCORT nasal**	Allergy
BUMETANIDE/BUMEX oral	Hypertension
BUMEX/BUMETANIDE oral	**Hypertension**
BUPRENEX/BUPRENORPHINE injection	**Pain**
BUPRENORPHINE/BUPRENEX injection	Pain
BUPROPION/WELLBUTRIN SR oral, controlled-release	Depression
BUSPAR/BUSPIRONE oral	**Anxiety**
BUSPIRONE/BUSPAR oral	Anxiety
BUTABARBITAL/BUTISOL oral	Anxiety
BUTALBITAL CMPD/FIORICET/ESGIC/FIORINAL oral	Pain
BUTISOL/BUTABARBITAL oral	**Anxiety**
BUTOCONAZOLE/**GYNAZOLE-1 vaginal**	Vaginal Product
BUTORPHANOL/**STADOL NS nasal**	Pain
CABERGOLINE/DOSTINEX oral	Miscellaneous Endocrine
CADEXOMER/**IODOSORB topical, other**	Topical Antiinfective
CAFERGOT/ERGOTAMINE-CAFF oral	**Headache**
CALAN/ISOPTIN/VERAPAMIL oral, controlled-release	**Hypertension**
CALCIPOTRIENE DOVONEX ointment	Dermatological (for skin disorders)
CALCITONIN/**MIACALCIN nasal**	Bone Disorders
CALCITRIOL/**ROCALTROL oral**	Vitamins
CALCIUM ACETATE/**PHOSLO oral**	Minerals-Electrolytes
CANASA SUPP/MESALAMINE rectal	**Intestinal Disorders**
CANDESARTAN-HCTZ/ ATACAND HCT oral	Hypertension
CANTIL/MEPENZOLATE oral	**GI Antispasmodic**
CAPECITABINE/XELODA oral	Antineoplastic (anti-cancer)
CAPITAL W/CODEINE oral	**Pain**
CAPITROL/CHLOROXINE topical, other	**Dermatological**
CAPOTEN/CAPTOPRIL oral	**Hypertension**
CAPOZIDE/CAPTOPRIL-HCTZ oral	**Hypertension**
CAPTOPRIL/CAPOTEN oral	Hypertension
CAPTOPRIL-HCTZ/CAPOZIDE oral	Hypertension
CARAFATE SUSP/SUCRALFATE oral	**Ulcers/GERD**
CARAFATE/SUCRALFATE oral	**Ulcers/GERD**
CARBAMAZEPINE/CARBATROL oral, controlled-release	Epilepsy
CARBAMAZEPINE/**TEGRETOL oral**	Epilepsy
CARBATROL/CARBAMAZEPINE oral, controlled-release	**Epilepsy**
CARBATUSS oral	**Cough and Cold**
CARBENICILLIN/**GEOCILLIN oral**	Antiinfective
CARBIDOPA/**LODOSYN oral**	Movement Disorder
CARBIDOPA-LEVODOPA/**SINEMET oral**	Movement Disorder
CARDENE SR/NICARDIPINE oral, controlled-release	**Hypertension**
CARDIZEM CD/DILTIAZEM/CARTIA oral, controlled-release	**Hypertension**
CARDIZEM IR/DILTIAZEM oral	**Hypertension**
CARDURA/DOXAZOSIN MESYLATE oral	**Hypertension**
CARISOPRODOL/**SOMA oral**	Skeletal Muscle Relaxants
CARNITOR/LEVOCARNITINE oral	**Metabolic Disorders**
CARTEOLOL/**OCUPRESS Ophthalmic**	Ophthalmic (eye)
CASODEX/BICALUTAMIDE oral	**Antineoplastic (anti-cancer)**
CATAFLAM/DICLOFENAC oral	**NSAIDs**
CATAPRES/CLONIDINE oral	**Hypertension**
CATAPRES-TTS 1/CLONIDINE patch	**Hypertension**
CECLOR CD/CEFACLOR oral, controlled-release	**Antiinfective**
CECLOR/CEFACLOR oral	**Antiinfective**

CEDAX/CEFTIBUTEN oral	**Antiinfective**
CEENU/LOMUSTINE oral	**Antineoplastic (anti-cancer)**
CEFACLOR/CECLOR CD oral, controlled-release	Antiinfective
CEFADROXIL/DURICEF oral	Antiinfective
CEFDINIR/**OMNICEF oral**	Antiinfective
CEFDITOREN/**SPECTRACEF oral**	Antiinfective
CEFPODOXIME/VANTIN oral	Antiinfective
CEFPROZIL/CEFZIL oral	Antiinfective
CEFTIBUTEN/CEDAX oral	Antiinfective
CEFTIN SUSP/CEFUROXIME oral	**Antiinfective**
CEFTIN TABLETS/CEFUROXIME oral	**Antiinfective**
CEFTRIAXONE/**ROCEPHIN injection**	Antiinfective
CEFUROXIME/CEFTIN oral	Antiinfective
CEFZIL/CEFPROZIL oral	**Antiinfective**
CELEBREX/CELECOXIB oral	**NSAIDs**
CELECOXIB/CELEBREX oral	NSAIDs
CELEXA/CITALOPRAM oral	**Depression**
CELLCEPT/MYCOPHENOLATE oral	**Immunosuppression**
CELONTIN/METHSUXIMIDE oral	**Epilepsy**
CEPHALEXIN/**KEFLEX oral**	Antiinfective
CETIRIZINE/ZYRTEC oral	Allergy
CEVIMELINE/EVOXAC oral	Miscellaneous GI Agents
CHLORAMBUCIL/**LEUKERAN oral**	Antineoplastic (anti-cancer)
CHLORDIAZEPOXIDE/**LIBRIUM oral**	Anxiety
CHLORHEXIDINE/**PERIDEX mucous membrane**	Dental
CHLOROQUINE/ ARALEN oral	Malaria
CHLOROTHIAZIDE/DIURIL oral	Hypertension
CHLOROXINE/CAPITROL topical	Dermatological (for skin disorders)
CHLORPROMAZINE/**THORAZINE oral**	Psychoses
CHLORPROPAMIDE/DIABINESE oral	Diabetes
CHLORTHALIDONE/**HYGROTON oral**	Hypertension
CHLORZOXAZONE/**PARAFON FORTE oral**	Skeletal Muscle Relaxants
CHOLESTYRAMINE/**QUESTRAN PWD oral, other**	Lipid Disorder/Cholesterol
CICLOPIROX/**LOPROX cream**	Topical Antiinfective
CICLOPIROX/**PENLAC topical liquid**	Topical Antiinfective
CILOSTAZOL/**PLETAL oral**	Hematological (blood)
CIPRO/CIPROFLOXACIN oral	**Antiinfective**
CIPROFLOXACIN/CIPRO oral	Antiinfective
CITALOPRAM/CELEXA oral	Depression
CITRACAL PRENATAL RX oral	**Vitamins**
CLARINEX/DESLORATADINE oral	**Allergy**
CLARIPEL cream	**Skin Pigment (color) Agent**
CLARITHROMYCIN/BIAXIN XL oral, controlled-release	Antiinfective
CLARITIN/ALAVERT/LORATADINE oral	**Allergy**
CLARITIN-D 24 HOUR oral, controlled-release	**Allergy**
CLEMASTINE/**TAVIST 2.68MG oral**	Allergy
CLEOCIN T/CLINDAMYCIN LOTION topical liquid	**Topical Antiinfective**
CLEOCIN T/CLINDAMYCIN SOL topical liquid	**Topical Antiinfective**
CLEOCIN/CLINDAMYCIN oral	**Antiinfective**
CLEOCIN/CLINDAMYCIN VAG. CR. vaginal	**Vaginal Product**
CLIDINIUM-CDP/**LIBRAX oral**	Gastrointestinal Antispasmodic
CLIMARA/ESTRADIOL patch	**Hormone Replacement Therapy**
CLINDAMYCIN/CLEOCIN oral	Antiinfective
CLINDAMYCIN/CLEOCIN T LOTION topical liquid	Topical Antiinfective
CLINDAMYCIN/CLEOCIN VAG. CR. vaginal	Vaginal Product
CLINORIL/SULINDAC oral	**NSAIDs**
CLIOQUINOL/HYDROCORTISONE cream	**Topical Antiinfective**
CLOBETASOL/**OLUX topical, other**	Topical Inflammation & Itching
CLOBETASOL/**TEMOVATE cream**, ointment, or topical liquid	Topical Inflammation & Itching
CLOCORTOLONE/CLODERM cream	Topical Inflammation & Itching
CLODERM/CLOCORTOLONE cream	**Topical Inflammation & Itching**

CLOFAZIMINE/**LAMPRENE oral**	Antiinfective
CLOMID/CLOMIPHENE/**SEROPHENE oral**	Fertility
CLOMIPRAMINE/ ANAFRANIL oral	Depression
CLONAZEPAM/**KLONOPIN oral**	Epilepsy
CLONIDINE CATAPRES oral	Hypertension
CLONIDINE-CHLORTHAL/COMBIPRES oral	Hypertension
CLOPIDOGREL/**PLAVIX oral**	Hematological (blood)
CLORAZEPATE/**TRANXENE oral**	Anxiety
CLOTRIMAZOLE TROCHE/**MYCELEX mucous membrane**	Fungal Infections
CLOTRIMAZOLE-BETAMETH/**LOTRISONE cream**	Topical Antiinfective
CLOZAPINE/CLOZARIL oral	Psychoses
CLOZARIL/CLOZAPINE oral	**Psychoses**
CODEINE/FIORINAL oral	Pain
CODICLEAR DH oral	**Cough and Cold**
CODIMAL DH/CODITUSS DH oral	**Cough and Cold**
CODITUSS DH/CODIMAL DH oral	Cough and Cold
COGENTIN/BENZTROPINE oral	**Movement Disorder**
COGNEX /TACRINE oral	**Alzheimer's Disease**
COLAZAL/BALSALAZIDE oral	**Intestinal Disorders**
COLCHICINE oral	**Gout**
COLESEVELAM/WELCHOL oral	Lipid Disorder/Cholesterol
COLESTID TAB/COLESTIPOL oral	**Lipid Disorder/Cholesterol**
COLESTIPOL/COLESTID TAB oral	Lipid Disorder/Cholesterol
COLFED/**RESCON/HISTADE oral, controlled-release**	Cough and Cold
COLLAGENASE/**SANTYL ointment**	Dermatological (for skin disorders)
COLY-MYCIN S Otic (ear)	**Otic (ear)**
COLYTE/GOLYTELY oral	**Laxative**
COMBIPATCH/ESTRADIOL-NORETH. patch	**Hormone Replacement Therapy**
COMBIPRES/CLONIDINE-CHLORTHAL oral	**Hypertension**
COMBIVENT/ALBUTEROL-IPRATROPIUM inhalation, MDI	**Asthma & COPD**
COMBIVIR oral	**HIV/AIDS**
COMPAZINE/PROCHLORPERAZINE oral	**Nausea & Vomiting**
COMPAZINE/PROCHLORPERAZINE rectal	**Nausea & Vomiting**
COMTAN/ENTACAPONE oral	**Movement Disorder**
CONCERTA/METHYLPHENIDATE oral, controlled-release	**ADHD/Stimulant**
CONDYLOX/PODOFILOX topical, other	**Acne Product**
CONJ ESTROGEN/**PREMARIN CREAM vaginal**	Vaginal Product
CONJ ESTROGEN/**PREMARIN oral**	Hormone Replacement Therapy
COPAXONE/GLATIRAMER subcutaneous	**Nervous System Disorders**
COPEGUS/RIBAVIRIN oral	**Hepatitis**
CORDARONE/PACERONE/AMIODARONE oral	**Arrhythmias**
CORDRAN LOTION/FLURANDRENOLIDE topical liquid	**Topical Inflammation & Itching**
CORDRAN TAPE PATCH	**Topical Inflammation & Itching**
COREG/RISEDRONATE oral	**Hypertension**
CORGARD/NADOLOL oral	**Hypertension**
CORTAID/HYDROCORTISONE cream	**Topical Inflammation & Itching**
CORTANE-B rectal	**Otic (ear)**
CORTEF/HYDROCORTISONE oral	**Asthma & COPD**
CORTENEMA/HYDROCORTISONE rectal	**Anorectal**
CORTISONE ACETATE oral	**Asthma & COPD**
CORTISPORIN EAR Otic (ear)	**Otic (ear)**
CORTISPORIN EAR SUSP Otic (ear)	**Otic (ear)**
CORTISPORIN Ophthalmic (eye)	**Ophthalmic (eye)**
CORTISPORIN TOPICAL OINT ointment	**Topical Antiinfective**
CORTISPORIN-TC Otic (ear)	**Otic (ear)**
COUMADIN/WARFARIN **oral**	**Anticoagulant (blood thinner)**
CROMOLYN/**GASTROCROM oral**	Asthma & COPD
CROMOLYN/**INTAL NEB inhalation**	Asthma & COPD
CROMOLYN/**OPTICROM Ophthalmic**	Ophthalmic (eye)
CROTAMITON/EURAX cream	Topical Antiinfective
CYANOCOBALAMIN/**NASCOBAL nasal**	Hematopoietics

CYANOCOBALAMIN/VITAMIN B-12 injection	Hematopoietics
CYCLOBENZAPRINE/FLEXERIL oral	Skeletal Muscle Relaxants
CYCLOSPORINE/**NEORAL/SANDIMMUNE oral**	Immunosuppression
CYPROHEPTADINE/**PERIACTIN oral**	Allergy
CYTOXAN/CYCLOPHOSPHAMIDE oral	**Antineoplastic (anti-cancer)**
CYTRA-K/**POLYCITRA-K oral, other**	Genitourinary
D.H.E.45/DIHYDROERGOTAMINE injection	**Headache**
DALMANE/FLURAZEPAM oral	**Anxiety**
DALTEPARIN/FRAGMIN subcutaneous	Anticoagulant (blood thinner)
D-AMPHETAMINE DEXEDRINE SPANSULE oral, CR	ADHD/Stimulant
DANAZOL/DANOCRINE oral	Miscellaneous Endocrine
DANOCRINE/DANAZOL oral	**Miscellaneous Endocrine**
DANTRIUM/DANTROLENE oral	**Skeletal Muscle Relaxants**
DANTROLENE/DANTRIUM oral	Skeletal Muscle Relaxants
DAPSONE oral	**Antiinfective**
DARAPRIM/PYRIMETHAMINE oral	**Malaria**
DARBEPOETIN/ ARANESP injection	Hematological (blood)
DARVOCET/PROPOXYPHENE-APAP oral	**Pain**
DARVON CMPD/PROPOXYPHENE-ASA-CAFF oral	**Pain**
DARVON/PROPOXYPHENE oral	**Pain**
DARVON-N/PROPOXYPHENE oral	**Pain**
DAYPRO/OXAPROZIN oral	**NSAIDs**
DDAVP SPRAY/DESMOPRESSIN nasal	**Miscellaneous Endocrine**
DDAVP/DESMOPRESSIN oral	**Miscellaneous Endocrine**
DECADRON/DEXAMETHASONE Ophthalmic (eye)	**Ophthalmic (eye)**
DECADRON/DEXAMETHASONE oral	**Asthma & COPD**
DECLOMYCIN/DEMECLOCYCLINE oral	**Antiinfective**
DECONAMINE/NOVAFED oral, controlled-release	**Cough and Cold**
DELATESTRYL/TESTOSTERONE intramuscular	**Androgen/Hormone**
DELAVIRDINE/**RESCRIPTOR oral**	HIV/AIDS
DELESTROGEN/ESTRADIOL intramuscular	**Hormone Replacement Therapy**
DELTASONE/PREDNISONE oral	**Asthma & COPD**
DEMADEX /TORSEMIDE oral	**Hypertension**
DEMECLOCYCLINE/DECLOMYCIN oral	Antiinfective
DEMEROL SYRUP/MEPERIDINE oral	**Pain**
DEMEROL/MEPERIDINE oral	**Pain**
DEMULEN/ZOVIA oral	**Contraception**
DENAVIR/PENCICLOVIR cream	**Topical Antiinfective**
DEPAKENE/VALPROIC ACID oral	**Epilepsy**
DEPAKOTE ER/DIVALPROEX oral, controlled-release	**Headache**
DEPAKOTE SPRINKLE oral, other	**Epilepsy**
DEPAKOTE/DIVALPROEX enteric-coated	**Epilepsy**
DEPEN/PENICILLAMINE oral	**Antidotes**
DEPO-PROVERA CONTRACEPTIVE intramuscular	**Contraception**
DERMA-SMOOTHE/FS topical liquid	**Topical Inflammation & Itching**
DERMATOP/PREDNICARBATE cream	**Topical Inflammation & Itching**
DESIPRAMINE/**NORPRAMIN oral**	Depression
DESLORATADINE/CLARINEX oral	Allergy
DESMOPRESSIN/DDAV oral	Miscellaneous Endocrine
DESMOPRESSIN/DDAVP SPRAY nasal	Miscellaneous Endocrine
DESMOPRESSIN/**STIMATE nasal**	Miscellaneous Endocrine
DESOGEN/ORTHO-CEPT oral	**Contraception**
DESONIDE/DESOWEN LOTION topical liquid	Topical Inflammation & Itching
DESONIDE/**TRIDESILON cream**	Topical Inflammation & Itching
DESOWEN LOTION/DESONIDE topical liquid	**Topical Inflammation & Itching**
DESOXIMETASONE/**TOPICORT cream**	Topical Inflammation & Itching
DESOXYN/METHAMPHETAMINE oral	**ADHD/Stimulant**
DESYREL/TRAZODONE HCL oral	**Depression**
DETROL LA/TOLTERODINE oral, controlled-release	**Genitourinary**
DEXACIDIN/**MAXITROL Ophthalmic**	Ophthalmic (eye)

DEXAMETHASONE/DECADRON Ophthalmic	Ophthalmic (eye)
DEXAMETHASONE/DECADRON/HEXADROL oral	Asthma & COPD
DEXCHLORPHENIRAMINE/POLARAMINE oral, CR	Allergy
DEXEDRINE SPANSULE/D-AMPHETAMINE oral, CR	**ADHD/Stimulant**
DEXEDRINE/D-AMPHETAMINE oral	**ADHD/Stimulant**
DEXMETHYLPHENIDATE/FOCALIN oral	ADHD/Stimulant
DIABINESE/CHLORPROPAMIDE oral	**Diabetes**
DIAMOX/ACETAZOLAMIDE oral	**Diuretics- Other**
DIAMOX/ACETAZOLAMIDE oral, controlled-release	**Diuretics- Other**
DIASTAT/DIAZEPAM rectal	**Epilepsy**
DIAZEPAM/DIASTAT rectal	Epilepsy
DIAZEPAM/VALIUM oral	Anxiety
DIAZOXIDE/PROGLYCEM oral	Diabetes
DIBENZYLINE/PHENOXYBENZAMINE oral	**Hypertension**
DICLOFENAC/CATAFLAM oral	NSAIDs
DICLOFENAC/SOLARAZE topical, other	Dermatological (for skin disorders)
DICLOFENAC/VOLTAREN enteric-coated	NSAIDs
DICLOFENAC/VOLTAREN Ophthalmic	Ophthalmic (eye)
DICLOFENAC/VOLTAREN-XR oral, controlled-release	NSAIDs
DICLOXACILLIN/DYNAPEN oral	Antiinfective
DICYCLOMINE/BENTYL oral	GI Antispasmodic
DIDANOSINE/VIDEX EC oral, controlled-release	HIV/AIDS
DIDRONEL/ETIDRONATE oral	**Bone Disorder**
DIFENOXIN-ATROPINE/MOTOFEN oral	Antidiarrheal
DIFFERIN CREAM/ADAPALENE cream	**Acne Product**
DIFLORASONE/PSORCON ointment	Topical Inflammation & Itching
DIFLUCAN 150MG TAB/FLUCONAZOLE oral	**Fungal Infections**
DIFLUCAN/FLUCONAZOLE oral	**Fungal Infections**
DIFLUNISAL/DOLOBID oral	Pain
DIGOXIN/LANOXICAPS/LANOXIN oral	Cardiotonics
DIHYDROERGOTAMINE/D.H.E.45 injection	Headache
DIHYDROERGOTAMINE/MIGRANAL nasal	Headache
DILACOR XR/DILTIAZEM XR oral, controlled-release	**Hypertension**
DILANTIN INFATAB/PHENYTOIN oral, other	**Epilepsy**
DILANTIN/PHENYTOIN oral	**Epilepsy**
DILAUDID/HYDROMORPHONE oral	**Pain**
DILTIAZEM XR/DILACOR XR oral, controlled-release	Hypertension
DILTIAZEM/CARDIZEM IR oral	Hypertension
DILTIAZEM/TIAZAC oral, controlled-release	Hypertension
DIMETANE DX oral	**Cough and Cold**
DIOVAN HCT/VALSARTAN-HCTZ oral	**Hypertension**
DIOVAN/VALSARTAN oral	**Hypertension**
DIPENTUM/OLSALAZINE oral	**Intestinal Disorder**
DIPHENHYDRAMINE/BENADRYL oral	Allergy
DIPHENOX-ATROPINE/LOMOTIL oral	Antidiarrheal
DIPROLENE AF/BETAMETHASONE cream	**Topical Inflammation & Itching**
DIPROLENE LOT/BETAMETHASONE topical liquid	**Topical Inflammation & Itching**
DIPROLENE ointment	**Topical Inflammation & Itching**
DIPROSONE/BETAMETH cream	**Topical Inflammation & Itching**
DIPYRIDAMOLE/PERSANTINE oral	Hematological (blood)
DIPYRIDAMOLE-ASA/AGGRENOX oral, controlled-release	Hematological (blood)
DIRITHROMYCIN/DYNABAC enteric-coated	Antiinfective
DISALCID/SALSALATE oral	**Pain**
DISOPYRAMIDE/NORPACE CR oral, controlled-release	Arrhythmias
DISULFIRAM oral	**Dependency**
DITROPAN XL/OXYBUTYNIN oral, controlled-release	**Genitourinary**
DIURIL /CHLOROTHIAZIDE oral	**Hypertension**
DIVALPROEX/DEPAKOTE ER oral, controlled-release	Headache
DOFETILIDE/TIKOSYN oral	Arrhythmias
DOLASETRON/ ANZEMET oral	Nausea & Vomiting
DOLOBID/DIFLUNISAL oral	**Pain**

DOMEBORO EAR DROPS perfusion	**Otic (ear)**
DONEPEZIL/ ARICEPT oral	Alzheimer's Disease
DONNATAL ELIXIR oral	**Gastrointestinal Antispasmodic**
DONNATAL oral	**Gastrointestinal Antispasmodic**
DORAL/QUAZEPAM oral	**Anxiety**
DORNASE ALFA/**PULMOZYME inhalation**	Cough and Cold
DORYX/DOXYCYCLINE oral, controlled-release	**Antiinfective**
DORZOLAMIDE/**TRUSOPT Ophthalmic**	Ophthalmic (eye)
DOSTINEX/CABERGOLINE oral	**Miscellaneous Endocrine**
DOVONEX/CALCIPOTRIENE ointment	**Dermatological**
DOXAZOSIN MESYLATE/CARDURA oral	Hypertension
DOXEPIN/**SINEQUAN oral**	Depression
DOXERCALCIFEROL/**HECTOROL oral**	Vitamins
DOXYCYCLINE/ADOXA oral	Antiinfective
DOXYCYCLINE/DORYX oral, controlled-release	Antiinfective
DOXYCYCLINE/**MONODOX oral**	Antiinfective
DOXYCYCLINE/**PERIOSTAT oral**	Dental
DOXYCYCLINE/VIBRAMYCIN/VIBRA-TABS oral	Antiinfective
DRONABINOL/**MARINOL oral**	Nausea & Vomiting
DUONEB/ALBUTEROL-IPRATROPIUM inhalation	**Asthma & COPD**
DURAGESIC/FENTANYL patch	**Pain**
DURATUSS DM oral	**Cough and Cold**
DURATUSS G oral, controlled-release	**Cough and Cold**
DURICEF/CEFADROXIL oral	**Antiinfective**
DUTASTERIDE/ AVODART oral	Genitourinary
DYAZIDE/TRIAMTERENE W HCTZ oral	**Hypertension**
DYNABAC/DIRITHROMYCIN enteric-coated	**Antiinfective**
DYNACIN/MINOCYCLINE/**MINOCIN oral**	Antiinfective
DYNACIRC CR/ISRADIPINE oral, controlled-release	**Hypertension**
DYNACIRC/ISRADIPINE oral	**Hypertension**
DYNAPEN/DICLOXACILLIN oral	**Antiinfective**
DYRENIUM /TRIAMTERENE oral	**Hypertension**
E.E.S./ERYTHROMYCIN oral	**Antiinfective**
EC-NAPROSYN/NAPROXEN enteric-coated	**NSAIDs**
ECONAZOLE/**SPECTAZOLE cream**	Topical Antiinfective
EDEX/CAVERJECT/ALPROSTADIL intracavernousal	**Genitourinary**
EFAVIRENZ/**SUSTIVA oral**	HIV/AIDS
EFFEXOR XR/VENLAFAXINE oral, controlled-release	**Depression**
EFFEXOR/VENLAFAXINE oral	**Depression**
EFLONE/FLAREX Ophthalmic	Ophthalmic (eye)
EFUDEX/FLUROURACIL cream	**Dermatological**
ELAVIL/AMITRIPTYLINE oral	**Depression**
ELDEPRYL/SELIGILINE HCL oral	**Movement Disorder**
ELDOQUIN FORTE cream	**Topical Inflammation & Itching**
ELETRIPTAN/**RELPAX oral**	Headache
ELIDEL/PIMECROLIMUS cream	**Topical Inflammation & Itching**
ELIMITE/PERMETHRIN cream	**Topical Antiinfective**
ELMIRON/PENTOSAN POLYSULFATE oral	**Genitourinary**
ELOCON/MOMETASONE cream	**Topical Inflammation & Itching**
EMADINE/EMEDASTINE Ophthalmic (eye)	**Ophthalmic (eye)**
EMCYT/ESTRAMUSTINE oral	**Antineoplastic (anti-cancer)**
EMEDASTINE/EMADINE Ophthalmic	Ophthalmic (eye)
EMLA/LIDOCAINE-PRILOCAINE cream	**Dermatological**
ENALAPRIL/VASOTEC oral	Hypertension
ENALAPRIL-FELODIPINE/**LEXXEL oral, controlled-release**	Hypertension
ENALAPRIL-HCTZ/VASERETIC oral	Hypertension
ENBREL/ETANERCEPT subcutaneous	**Anti-Rheumatic**
ENDURON/METHYCLOTHIAZIDE oral	**Hypertension**
ENDURONYL oral	**Hypertension**
ENOXAPARIN/**LOVENOX subcutaneous**	Anticoagulant (blood thinner)

ENTACAPONE/COMTAN oral	Movement Disorder
ENTEX oral	**Cough and Cold**
ENTEX PSE/ZEPHREX LA oral, controlled-release	**Cough and Cold**
ENTOCORT EC/BUDESONIDE oral, controlled-release	**Asthma & COPD**
ENTUSS TAB/PNEUMOTUSSIN TAB oral	**Cough and Cold**
EPIFOAM topical, other	**Dermatological**
EPINEPHRINE INJECTION	**Miscellaneous Cardiovascular**
EPINEPHRINE/EPIPEN intramuscular	Antidotes
EPIPEN/EPINEPHRINE intramuscular	**Antidotes**
EPIVIR HBV/LAMIVUDINE oral	**Hepatitis**
EPIVIR/LAMIVUDINE oral	**HIV/AIDS**
EPOETIN ALFA/**PROCRIT injection**	Hematological (blood)
EPROSARTAN/**TEVETEN oral**	Hypertension
EQUAGESIC/MEPROBAMATE-ASA oral	**Pain**
ERGOTAMINE-CAFF/CAFERGOT oral	Headache
ERYC/ERYTHROMYCIN oral, controlled-release	**Antiinfective**
ERY-DERM /ERYTHROMYCIN/ ATS 2% topical liquid	Topical Antiinfective
ERYGEL/EMGEL/ERYTHROMYCIN topical, other	**Topical Antiinfective**
ERY-TAB/ERYTHROMYCIN BASE enteric-coated	**Antiinfective**
ERYTHROCIN/ERYTHROMYCIN oral	**Antiinfective**
ERYTHROMYCIN BASE/ERY-TAB enteric-coated	Antiinfective
ERYTHROMYCIN/ ATS 2%/ ERY-DERM topical liquid	Topical Antiinfective
ERYTHROMYCIN/AKNE-MYCIN ointment	Topical Antiinfective
ERYTHROMYCIN/E.E.S. oral	Antiinfective
ERYTHROMYCIN/ERYC oral, controlled-release	Antiinfective
ERYTHROMYCIN/ERYGEL/EMGEL topical, other	Topical Antiinfective
ERYTHROMYCIN/ERYTHROCIN oral	Antiinfective
ERYTHROMYCIN/**PCE oral**	Antiinfective
ERYTHROMYCIN-BENZOYL PEROXIDE/BENZAMYCIN topical	Acne Product
ESCITALOPRAM/**LEXAPRO oral**	Depression
ESCLIM/ESTRA-DERM/VIVELLE/ALORA patch	Hormone Replacement Therapy
ESKALITH CR/LITHIUM oral, controlled-release	**Mania**
ESKALITH/LITHIUM oral	**Mania**
ESOMEPRAZOLE/**NEXIUM oral, controlled-release**	Ulcers/GERD
ESTAZOLAM/**PROSOM oral**	Anxiety
ESTRACE/ESTRADIOL oral	**Hormone Replacement Therapy**
ESTRA-DERM/VIVELLE/ALORA/ESCLIM patch	**Hormone Replacement Therapy**
ESTRADIOL/CLIMARA patch	Hormone Replacement Therapy
ESTRADIOL/DELESTROGEN intramuscular	Hormone Replacement Therapy
ESTRADIOL/ESTRACE oral	Hormone Replacement Therapy
ESTRADIOL/ESTRING VAG RING/VAGIFEM vaginal	Vaginal Product
ESTRADIOL-NORETH/COMBIPATCH patch	Hormone Replacement Therapy
ESTRAMUSTINE/EMCYT oral	Antineoplastic (anti-cancer)
ESTRATEST/ESTROGEN-TESTOSTERON oral	**Hormone Replacement Therapy**
ESTRING VAG RING/ESTRADIOL vaginal	**Vaginal Product**
ESTROGEN/**MENEST/ESTRATAB oral**	Hormone Replacement Therapy
ESTROGEN-NORETH/ACTIVELLA oral	Hormone Replacement Therapy
ESTROGEN-NORETH/FEMHRT oral	Hormone Replacement Therapy
ESTROGEN-NORGEST/**ORTHO PREFEST oral**	Hormone Replacement Therapy
ESTROGEN-PROGEST/**PREMPRO oral**	Hormone Replacement Therapy
ESTROGEN-TESTOSTERON/ESTRATEST oral	Hormone Replacement Therapy
ESTROPIPATE/**OGEN/ORTHO-EST oral**	Hormone Replacement Therapy
ETANERCEPT/ENBREL subcutaneous	Anti-Rheumatic
ETHMOZINE/MORICIZINE oral	**Arrhythmias**
ETHOSUXIMIDE/ZARONTIN oral	Epilepsy
ETHYL CHLORIDE topical, other	**Dermatological**
ETIDRONATE/DIDRONEL oral	Bone Disorder
ETODOLAC/**LODINE XL oral, controlled-release**	NSAIDs
ETRAFON/TRIAVIL/AMITRIPTYLINE-PERPHEN oral	**Antidepressant Combinations**
EULEXIN/FLUTAMIDE oral	**Antineoplastic (anti-cancer)**
EURAX/CROTAMITON cream	**Topical Antiinfective**

EVISTA/RALOXIFENE oral	**Bone Disorders**
EVOXAC/CEVIMELINE oral	**Miscellaneous GI Agents**
EXELDERM/SULCONAZOLE cream	**Topical Antiinfective**
EXELON/RIVASTIGMINE oral	**Alzheimer's Disease**
EXEMESTANE/ AROMASIN oral	Antineoplastic (anti-cancer)
EZETIMIBE/ZETIA oral	Lipid Disorder/Cholesterol
FACTREL/GONADORELIN injection	**Fertility**
FAMCICLOVIR/FAMVIR oral	Antiviral
FAMOTIDINE/**PEPCID oral**	Ulcers/GERD
FAMVIR/FAMCICLOVIR oral	**Antiviral**
FANSIDAR oral	**Malaria**
FARESTON oral	**Antineoplastic (anti-cancer)**
FASTIN/ADIPEX/PHENTERMINE oral	**Weight Loss**
FE CARB-FESO4/FA/**PRENATAL VIT oral**	Vitamins
FELBAMATE/FELBATOL oral	Epilepsy
FELBATOL/FELBAMATE oral	**Epilepsy**
FELDENE/PIROXICAM oral	**NSAIDs**
FELODIPINE/**PLENDIL oral, controlled-release**	Hypertension
FEMARA/LETROZOLE oral	**Antineoplastic (anti-cancer)**
FEMHRT/ESTROGEN-NORETH oral	**Hormone Replacement Therapy**
FENOFIBRATE/**TRICOR oral**	Lipid Disorder/Cholesterol
FENOPROFEN/**NALFON TABLET oral**	NSAIDs
FENTANYL/ACTIQ buccal	Pain
FENTANYL/DURAGESIC patch	Pain
FERROUS FUMARATE/FETRIN oral, controlled-release	Minerals-Electrolytes
FETRIN/FERROUS FUMARATE oral, controlled-release	**Minerals-Electrolytes**
FEXOFENADINE/ALLEGRA oral	Allergy
FILGRASTIM/**NEUPOGEN injection**	Hematological (blood)
FINASTERIDE/**PROPECIA oral**	Dermatological (for skin disorders)
FINASTERIDE/**PROSCAR oral**	Genitourinary
FIORICET W/CODEINE oral	**Pain**
FIORICET/ESGIC/BUTALBITAL CMPD oral	**Pain**
FIORINAL/BUTALBITAL CMPD/CODEINE oral	**Pain**
FIRST-TESTOSTERONE ointment	**Androgen/Hormone**
FLAGYL 375/METRONIDAZOLE oral	**Anti-parasitic**
FLAGYL ER/METRONIDAZOLE oral, CR	**Anti-parasitic**
FLAGYL/METRONIDAZOLE oral	**Anti-parasitic**
FLAREX/EFLONE Ophthalmic (eye)	**Ophthalmic (eye)**
FLAVOXATE/**URISPAS oral**	Genitourinary
FLECAINIDE/**TAMBOCOR oral**	Arrhythmias
FLEXERIL/CYCLOBENZAPRINE oral	**Skeletal Muscle Relaxants**
FLOMAX/TAMSULOSIN oral, controlled-release	**Genitourinary**
FLONASE/FLUTICASONE nasal	**Allergy**
FLORINEF/FLUDROCORTISONE oral	**Mineralocorticoids**
FLOVENT ROTADISK /FLUTICASONE inhalation, MDI	**Asthma & COPD**
FLOVENT/FLUTICASONE inhalation, MDI	**Asthma & COPD**
FLOXIN/OFLOXACIN oral	**Antiinfective**
FLOXIN/OFLOXACIN perfusion	**Otic (ear)**
FLUCONAZOLE/DIFLUCAN oral	Fungal Infections
FLUDROCORTISONE/FLORINEF oral	Mineralocorticoids
FLUNISOLIDE/AEROBID-M inhalation, MDI	Asthma & COPD
FLUNISOLIDE/**NASAREL nasal**	Allergy
FLUOCINOLONE/FS SHAMPOO topical, other	Topical Inflammation & Itching
FLUORIDE/**GEL-KAM dental**	Dental
FLUOROMETHOLONE/FML Ophthalmic	Ophthalmic (eye)
FLUOXETINE/**PROZAC oral**	Depression
FLUPHENAZINE/**PROLIXIN injection** or oral	Psychoses
FLURANDRENOLIDE/CORDRAN LOTION topical liquid	Topical Inflammation & Itching
FLURAZEPAM/DALMANE oral	Anxiety
FLURBIPROFEN/ ANSAID oral	NSAIDs

FLUROURACIL/EFUDEX cream	Dermatological (for skin disorders)
FLUTAMIDE/EULEXIN oral	Antineoplastic (anti-cancer)
FLUTICASONE/FLONASE nasal	Allergy
FLUTICASONE/FLOVENT inhalation, MDI	Asthma & COPD
FLUTICASONE-SALMETEROL/ADVAIR inhalation, MDI	Asthma & COPD
FLUVASTATIN/**LESCOL oral**	Lipid Disorder/Cholesterol
FLUVASTATIN/**LESCOL XL oral, controlled-release**	Lipid Disorder/Cholesterol
FLUZONE/INFLUENZA VACCINE intramuscular	**Immunity**
FML/FLUOROMETHOLONE Ophthalmic (eye)	**Ophthalmic (eye)**
FML-S Ophthalmic (eye)	**Ophthalmic (eye)**
FOCALIN/DEXMETHYLPHENIDATE oral	**ADHD/Stimulant**
FOLGARD oral	**Hematopoietics**
FOLLISTIM/FOLLITROPIN injection	**Fertility**
FOLLITROPIN/FOLLISTIM injection	Fertility
FOLLITROPIN/**GONAL-F subcutaneous**	Fertility
FORADIL/FORMOTEROL inhalation, MDI	**Asthma & COPD**
FORMOTEROL/FORADIL inhalation, MDI	Asthma & COPD
FORTOVASE/SAQUINAVIR oral	**HIV/AIDS**
FOSAMAX/ALENDRONATE oral	**Bone Disorders**
FOSFOMYCIN/**MONUROL oral, other**	Antiinfective
FOSINOPRIL/**MONOPRIL oral**	Hypertension
FOSINOPRIL-HCTZ/**MONOPRIL HCT oral**	Hypertension
FRAGMIN/DALTEPARIN subcutaneous	**Anticoagulant (blood thinner)**
FROVA/FROVATRIPTAN oral	**Headache**
FROVATRIPTAN/FROVA oral	Headache
FS SHAMPOO/FLUOCINOLONE topical, other	**Topical Inflammation & Itching**
FULVICIN P/G/GRISEOFULVIN oral	**Fungal Infections**
FUNGIZONE cream	**Topical Antiinfective**
FURADANTIN SUSP/NITROFURANTOIN oral	**Antiinfective**
FUROSEMIDE/**LASIX oral**	Hypertension
GABAPENTIN/**NEURONTIN oral**	Epilepsy
GABITRIL/TIAGABINE oral	**Epilepsy**
GALANTAMINE/**REMINYL oral**	Alzheimer's Disease
GANTRISIN SUSP/SULFISOXAZOLE oral	**Antiinfective**
GARAMYCIN/GENTAMICIN cream	**Topical Antiinfective**
GASTROCROM/CROMOLYN oral	**Asthma & COPD**
GATIFLOXACIN/**TEQUIN oral**	Antiinfective
GEL-KAM/ FLUORIDE dental	**Dental**
GEMFIBROZIL/**LOPID oral**	Lipid Disorder/Cholesterol
GENOTROPIN/SOMATROPIN subcutaneous	**Growth**
GENTAMICIN Ophthalmic	**Ophthalmic (eye)**
GENTAMICIN/**GARAMYCIN cream**	Topical Antiinfective
GEOCILLIN/CARBENICILLIN oral	**Antiinfective**
GEODON/ZIPRASIDONE oral	**Psychoses**
GILTUSS TR oral, controlled-release	**Cough and Cold**
GLATIRAMER/COPAXONE subcutaneous	Nervous System Disorders
GLEEVEC/IMATINIB oral	**Antineoplastic (anti-cancer)**
GLIMEPIRIDE/ AMARYL oral	Diabetes
GLIPIZIDE/**GLUCOTROL oral**	Diabetes
GLIPIZIDE-METFORMIN/**METAGLIP oral**	Diabetes
GLUCAGON EMERGENCY KIT injection	**Diabetes**
GLUCOPHAGE XR/METFORMIN oral, controlled-release	**Diabetes**
GLUCOPHAGE/METFORMIN oral	**Diabetes**
GLUCOTROL XL/GLIPIZIDE oral, controlled-release	**Diabetes**
GLUCOTROL/GLIPIZIDE oral	**Diabetes**
GLUCOVANCE/GLYBURIDE-METFORMIN oral	**Diabetes**
GLYBURIDE/**GLYNASE/MICRONASE oral**	Diabetes
GLYBURIDE-METFORMIN/**GLUCOVANCE oral**	Diabetes
GLYCOPYRROLATE/**ROBINUL oral**	Gastrointestinal Antispasmodic
GLYNASE/GLYBURIDE oral	**Diabetes**

GLYQUIN cream	**Skin Pigment (color) Agent**
GLYSET/MIGLITOL oral	**Diabetes**
GOLYTELY/COLYTE oral	Laxative
GONADORELIN/FACTREL injection	Fertility
GONAL-F/FOLLITROPIN subcutaneous	**Fertility**
GORDOCHOM topical liquid	**Topical Antiinfective**
GRANISETRON/**KYTRIL oral**	Nausea & Vomiting
GRIFULVIN/GRISEOFULVIN oral	**Fungal Infections**
GRISEOFULVIN/FULVICIN P/G/GRIFULVIN oral	Fungal Infections
GUAIFENESIN LA/**HUMIBID LA oral, controlled-release**	Cough and Cold
GUAIFENESIN-CODEINE/BRONTEX oral	Cough and Cold
GUANABENZ/WYTENSIN oral	Hypertension
GUANADREL/**HYLOREL oral**	Hypertension
GUANFACINE/**TENEX oral**	Hypertension
GUIABID/**GUIAFED oral, controlled-release**	Cough and Cold
GUIAFED/GUIABID oral, controlled-release	**Cough and Cold**
GYNAZOLE-1/BUTOCONAZOLE vaginal	**Vaginal Product**
HALCINONIDE/**HALOG cream**	Topical Inflammation & Itching
HALCION/TRIAZOLAM oral	**Anxiety**
HALDOL/HALOPERIDOL oral	**Psychoses**
HALOBETASOL /**ULTRAVATE cream**/ointment	Topical Inflammation & Itching
HALOG/HALCINONIDE cream	**Topical Inflammation & Itching**
HALOPERIDOL/**HALDOL oral**	Psychoses
HCG/**OVIDREL subcutaneous**	Fertility
HCTZ/**HYDRODIURIL oral**	Hypertension
HECTOROL/DOXERCALCIFEROL oral	**Vitamins**
HELIDAC oral, other	**Ulcers/GERD**
HEPARIN SODIUM injection	**Anticoagulant (blood thinner)**
HEPATITIS A VACCINE/VAQTA intramuscular	Immunity
HEXADROL/DEXAMETHASONE oral	**Asthma & COPD**
HEXALEN/ALTRETAMINE oral	**Antineoplastic (anti-cancer)**
HISTACLEAR D/ ALLERX-D oral, controlled-release	Cough and Cold
HMS/MEDRYSONE Ophthalmic (eye)	**Ophthalmic (eye)**
HUMIBID LA/GUAIFENESIN LA oral, controlled-release	**Cough and Cold**
HUMIRA BI-WEEKLY INJ/ADALIMUMAB subcutaneous	**Anti-Rheumatic**
HUMULIN 50/50 injection	**Diabetes**
HUMULIN 70/30 injection	**Diabetes**
HUMULIN N/**NOVOLIN injection**	Diabetes
HUMULIN R injection	**Diabetes**
HUMULIN U injection	**Diabetes**
HYALGAN/HYALURONATE intraarticular	**Anti-Rheumatic**
HYALURONATE/**HYALGAN intraarticular**	Anti-Rheumatic
HYCODAN oral	**Cough and Cold**
HYCOFED/**NOTUSS oral**	Cough and Cold
HYDRALAZINE HCL/ APRESOLINE oral	Hypertension
HYDRALAZINE-HCTZ/ APRESAZIDE oral	Hypertension
HYDREA/HYDROXYUREA oral	**Antineoplastic (anti-cancer)**
HYDROCOD BIT/CP/**PHENYLEPHRINE oral**	Cough and Cold
HYDROCODONE/VICODIN/LORTAB oral	Pain
HYDROCODONE-APAP/**LORTAB oral**	Pain
HYDROCODONE-IBUPROFEN/VICOPROFEN oral	Pain
HYDROCORTISONE VALERATE/WESTCORT cream	Topical Inflammation & Itching
HYDROCORTISONE/CLIOQUINOL cream	Topical Antiinfective
HYDROCORTISONE/CORTAID cream	Topical Inflammation & Itching
HYDROCORTISONE/CORTEF oral	Asthma & COPD
HYDROCORTISONE/CORTENEMA rectal	Anorectal
HYDROCORTISONE/**PANDEL cream**	Topical Inflammation & Itching
HYDROCORTISONE/**PROCTO-KIT 2.5% rectal**	Anorectal
HYDRODIURIL/HCTZ oral	**Hypertension**
HYDROMORPHONE DILAUDI oral	Pain

HYDROXYCHLOROQUINE/**PLAQUENIL oral**	Malaria
HYDROXYUREA/**HYDREA oral**	Antineoplastic (anti-cancer)
HYDROXYZINE/ ATARAX/VISTARIL oral	Allergy
HYGROTON/CHLORTHALIDONE oral	**Hypertension**
HYLOREL/GUANADREL oral	**Hypertension**
HYOSCYAMINE/**LEVBID oral, controlled-release**	Gastrointestinal Antispasmodic
HYTRIN/TERAZOSIN oral	**Hypertension**
HYZAAR/LOSARTAN oral	**Hypertension**
IBUPROFEN/**MOTRIN oral**	NSAIDs
IMATINIB/**GLEEVEC oral**	Antineoplastic (anti-cancer)
IMDUR/ISOSORBIDE oral, controlled-release	**Antianginal**
IMIPRAMINE/**TOFRANIL oral**	Depression
IMIQUIMOD/ ALDARA topical	Antineoplastic (anti-cancer)
IMITREX/SUMATRIPTAN nasal**, oral, or subcutaneous**	**Headache**
IMODIUM TABLET/LOPERAMIDE oral	**Antidiarrheal**
IMURAN/AZATHIOPRINE oral	**Immunosuppression**
INDERAL LA/PROPRANOLOL LA oral, controlled-release	**Hypertension**
INDERAL/PROPRANOLOL oral	**Hypertension**
INDERIDE/PROPRANOLOL-HCTZ oral	**Hypertension**
INFERGEN/INTERFERON ALFACON-1 subcutaneous	**Hepatitis**
INFLIXIMAB/**REMICADE intravenous**	Intestinal Disorders
INFLUENZA VACCINE/FLUZONE intramuscular	Immunity
INNOHEP/TINZAPARIN	**Anticoagulant (blood thinner)**
INTAL MDI/CROMOLYN inhalation, MDI	**Asthma & COPD**
INTAL NEB/CROMOLYN inhalation	**Asthma & COPD**
INTERFERON ALFACON-1/**INFERGEN subcutaneous**	Hepatitis
INTERFERON BETA-1A/ AVONEX intramuscular	Nervous System Disorder
INTERFERON BETA-1A/**REBIF subcutaneous**	Nervous System Disorders
INTERFERON BETA-1B/BETASERON subcutaneous	Nervous System Disorders
INTRON A injection	**Antineoplastic (anti-cancer)**
INVERSINE/MECAMYLAMINE oral	**Hypertension**
INVIRASE/SAQUINAVIR oral	**HIV/AIDS**
IODOQUINOL/YODOXIN oral	Amebicides
IODOSORB/CADEXOMER topical, other	**Topical Antiinfective**
IONAMIN/PHENTERMINE oral, controlled-release	**Weight Loss**
IOPIDINE/APRACLONIDINE Ophthalmic	**Ophthalmic (eye)**
IPRATROPIUM inhalation, MDI/ ATROVENT MDI	Asthma & COPD
IPRATROPIUM inhalation/ ATROVENT NEB. SOLN.	Asthma & COPD
IPRATROPIUM/ ATROVENT nasal	Cough and Cold
IRBESARTAN/ AVAPRO oral	Hypertension
IRBESARTAN-HCTZ/ AVALIDE oral	Hypertension
ISONIAZID oral	**Tuberculosis**
ISONIAZID/**NIAZID oral**	Tuberculosis
ISOPTO HYOSCINE/SCOPOLAMINE Ophthalmic	**Ophthalmic (eye)**
ISORDIL TEMBIDS/ISOSORBIDE oral, controlled-release	**Antianginal**
ISORDIL/ISOSORBIDE oral	**Antianginal**
ISOSORBIDE/**IMDUR oral, controlled-release**	Antianginal
ISOSORBIDE/**ISORDIL/MONOKET oral**	Antianginal
ISOTRETINOIN/ACCUTANE oral	Acne Product
ISRADIPINE/DYNACIRC CR oral, controlled-release	Hypertension
ITRACONAZOLE/**SPORANOX oral**	Fungal Infections
KADIAN/MORPHINE oral, controlled-release	**Pain**
KALETRA oral	**HIV/AIDS**
KAYEXALATE oral, other	**Minerals-Electrolytes**
KEFLEX/CEPHALEXIN oral	**Antiinfective**
KEMADRIN/PROCYCLIDINE oral	**Movement Disorder**
KENALOG SPRAY/TRIAMCINOLONE topical, other	**Topical Inflammation & Itching**
KENALOG/ARISTOCORT/TRIAMCINOLONE cream	**Topical Inflammation & Itching**
KENALOG-ORABASE dental	**Dental**

KEPPRA /LEVETIRACETAM oral	**Epilepsy**
KERLONE/BETAXOLOL oral	**Hypertension**
KETOCONAZOLE/**NIZORAL cream** or shampoo	Topical Antiinfective
KETOCONAZOLE/**NIZORAL oral**	Fungal Infections
KETOPROFEN/**ORUDIS oral**	NSAIDs
KETOROLAC/ ACULAR Ophthalmic	Ophthalmic (eye)
KETOROLAC/ ACULAR PF Ophthalmic	Ophthalmic (eye)
KETOROLAC/**TORADOL oral**	NSAIDs
KETOTIFEN/ZADITOR Ophthalmic	Ophthalmic (eye)
KINERET /ANAKINRA subcutaneous	**Anti-Rheumatic**
KLARON/SULFACETAMIDE topical liquid	**Acne Product**
KLONOPIN/CLONAZEPAM oral	**Epilepsy**
KRISTALOSE/LACTULOSE oral, other	**Laxative**
KU-ZYME oral	**Digestion**
KYTRIL/GRANISETRON oral	**Nausea & Vomiting**
LABETALOL/**TRANDATE/NORMODYNE oral**	Hypertension
LAC-HYDRIN/AMMONIUM LACTATE cream	**Dermatological**
LACRISERT Ophthalmic (eye)	**Opthalmic (eye)**
LACTULOSE /**KRISTALOSE oral, other**	Laxative
LAMICTAL/LAMOTRIGINE oral	**Epilepsy**
LAMISIL/TERBINAFINE oral	**Fungal Infections**
LAMIVUDINE/EPIVIR HBV oral	Hepatitis
LAMOTRIGINE/**LAMICTAL oral**	Epilepsy
LAMPRENE/CLOFAZIMINE oral	**Antiinfective**
LANOXICAPS/DIGOXIN oral	**Cardiotonics**
LANOXIN/DIGOXIN oral	**Cardiotonics**
LANSOPRAZOLE/**PREVACID oral, controlled-release**	Ulcers/GERD
LANTUS subcutaneous	**Diabetes**
LARIAM/MEFLOQUINE oral	**Malaria**
LASIX/FUROSEMIDE oral	**Hypertension**
LATANOPROST/XALATAN Ophthalmic	Opthalmic (eye)
LEFLUNOMIDE/ ARAVA oral	Anti-Rheumatic
LESCOL XL/FLUVASTATIN oral, controlled-release	**Lipid Disorder/Cholesterol**
LESCOL/FLUVASTATIN oral	**Lipid Disorder/Cholesterol**
LETROZOLE/FEMARA oral	Antineoplastic (anti-cancer)
LEUCOVORIN CALCIUM oral	**Antineoplastic (anti-cancer)**
LEUKERAN/CHLORAMBUCIL oral	**Antineoplastic (anti-cancer)**
LEUKINE/SARGRAMOSTIM injection	**Hematological (blood)**
LEVALBUTEROL/XOPENEX inhalation	Asthma & COPD
LEVAQUIN/LEVOFLOXACIN oral	**Antiinfective**
LEVATOL oral	**Hypertension**
LEVBID/HYOSCYAMINE oral, controlled-release	**Gastrointestinal Antispasmodic**
LEVETIRACET/**KEPPRA AM oral**	Epilepsy
LEVOBUNOLOL/BETAGAN Ophthalmic	Ophthalmic (eye)
LEVOCABASTINE/**LIVOSTIN Ophthalmic**	Ophthalmic (eye)
LEVOCARNITINE/CARNITOR/VITACARN oral	Metabolic Disorders
LEVOFLOXACIN/**LEVAQUIN oral**	Antiinfective
LEVOFLOXACIN/**QUIXIN Ophthalmic**	Ophthalmic (eye)
LEVONORGESTREL/**PLAN B oral**	Contraception
LEVOTHYROXINE/**SYNTHROID oral**	Thyroid
LEVSIN/HYOSCYAMINE sublingual	**Gastrointestinal Antispasmodic**
LEVSINEX/HYOSCYAMINE oral, controlled-release	**Gastrointestinal Antispasmodic**
LEXAPRO/ESCITALOPRAM oral	**Depression**
LEXXEL/ENALAPRIL-FELODIPINE oral, controlled-release	**Hypertension**
LIBRAX/CLIDINIUM-CDP oral	**Gastrointestinal Antispasmodic**
LIBRIUM/CHLORDIAZEPOXIDE oral	**Anxiety**
LIDA MANTLE/LIDOCAINE cream	**Dermatological**
LIDOCAINE/**LIDA MANTLE cream**	Dermatological (for skin disorders)
LIDOCAINE/**LIDODERM patch**	Dermatological (for skin disorders)
LIDOCAINE/XYLOCAINE mucous membrane	Mouth-Throat: Local

LIDOCAINE-PRILOCAINE/EMLA cream	Dermatological (for skin disorders)
LIDODERM/LIDOCAINE patch	**Dermatological**
LIMBITROL DS oral	**Antidepressant Combinations**
LINDANE topical, other	**Topical Antiinfective**
LINEZOLID/ZYVOX oral	Antiinfective
LIORESAL/BACLOFEN oral	**Skeletal Muscle Relaxants**
LIOTRIX/**THYROLAR-1 oral**	Thyroid
LIPITOR / ATORVASTATIN oral	**Lipid Disorder/Cholesterol**
LISINOPRIL/**PRINIVIL/ZESTRIL oral**	Hypertension
LISINOPRIL-HCTZ/**PRINZIDE/ZESTORETIC oral**	Hypertension
LITHIUM/ESKALITH CR oral, controlled-release	Mania
LITHIUM/**LITHOTABS oral**	Mania
LITHOTABS /LITHIUM oral	**Mania**
LIVOSTIN/LEVOCABASTINE Ophthalmic (eye)	**Ophthalmic (eye)**
LO/OVRAL oral	**Contraception**
LOCOID cream	**Topical Inflammation & Itching**
LODINE XL/ETODOLAC oral, controlled-release	**NSAIDs**
LODINE/ETODOLAC oral	**NSAIDs**
LODOSYN/CARBIDOPA oral	**Movement Disorder**
LODOXAMIDE/ ALOMIDE Ophthalmic	Ophthalmic (eye)
LOESTRIN FE/**MICROGESTIN oral**	Contraception
LOESTRIN oral	**Contraception**
LOMEFLOXACIN/**MAXAQUIN oral**	Antiinfective
LOMOTIL/DIPHENOX.-ATROPINE oral	**Antidiarrheal**
LOMUSTINE/CEENU oral	Antineoplastic (anti-cancer)
LONITEN/MINOXIDIL oral	**Hypertension**
LOPERAMIDE/**IMODIUM TABLET oral**	Antidiarrheal
LOPID/GEMFIBROZIL oral	**Lipid Disorder/Cholesterol**
LOPRESSOR HCT/METOPROLOL-HCTZ oral	**Hypertension**
LOPRESSOR/METOPROLOL TARTRATE oral	**Hypertension**
LOPROX/CICLOPIROX cream	**Topical Antiinfective**
LORABID/LORACARBEF oral	**Antiinfective**
LORACARBEF/**LORABID oral**	Antiinfective
LORATADINE/CLARITIN/ALAVERT oral	Allergy
LORAZEPAM INTENSOL oral	**Anxiety**
LORAZEPAM/ ATIVAN oral	Anxiety
LORTAB/HYDROCODONE-APAP oral	**Pain**
LOSARTAN/**HYZAAR oral**	Hypertension
LOTEMAX/LOTEPREDNOL/ ALREX Ophthalmic	Ophthalmic (eye)
LOTENSIN HCT /BENAZEPRIL-HCTZ oral	**Hypertension**
LOTENSIN/BENAZEPRIL oral	**Hypertension**
LOTEPREDNOL/ LOTEMAX/LOTEPREDNOL/ ALREX Ophthalmic	
LOTREL/AMLODIPINE–BENAZEPRIL/BENAZEPRIL oral	**Hypertension**
LOTRIMIN/MYCELEX/CLOTRIMAZOLE cream	**Topical Antiinfective**
LOTRISONE topical liquid	**Topical Antiinfective**
LOTRISONE/CLOTRIMAZOLE-BETAMETH cream	**Topical Antiinfective**
LOVASTATIN/ ALTOCOR oral, controlled-release	Lipid Disorder/Cholesterol
LOVASTATIN/**MEVACOR oral**	Lipid Disorder/Cholesterol
LOVASTATIN-NIACIN/ADVICOR oral, controlled-release	Lipid Disorder/Cholesterol
LOVENOX/ENOXAPARIN subcutaneous	**Anticoagulant (blood thinner)**
LUNELLE injection	**Contraception**
LUXIQ FOAR/BETAMETHASONE topical, other	**Topical Inflammation & Itching**
MACROBID/NITROFURANTOIN oral	**Antiinfective**
MACRODANTIN/NITROFURANTOIN oral	**Antiinfective**
MAGNEBIND 400 RX oral	**Minerals-Electrolytes**
MALARONE oral	**Malaria**
MALATHION/**OVIDE topical liquid**	Topical Antiinfective
MARINOL/DRONABINOL oral	**Nausea & Vomiting**
MATERNA/ZENATE/PRENATAL oral	**Vitamins**
MATULANE/PROCARBAZINE oral	**Antineoplastic (anti-cancer)**

MAVIK/TRANDOLAPRIL oral	**Hypertension**
MAXAIR AUTOHALER/PIRBUTEROL inhalation, MDI	**Asthma & COPD**
MAXALT MLT /RIZATRIPTAN oral, other	**Headache**
MAXAQUIN/LOMEFLOXACIN oral	**Antiinfective**
MAXITROL/DEXACIDIN Ophthalmic	**Ophthalmic (eye)**
MAXZIDE/TRIAMTERENE-HCTZ oral	**Hypertension**
MEBARAL/MEPHOBARBITAL oral	**Epilepsy**
MEBENDAZOLE/VERMOX oral, other	Anti-parasitic
MECAMYLAMINE/**INVERSINE oral**	Hypertension
MECLIZINE/ ANTIVERT oral	Nausea & Vomiting
MECLOFENAMATE SODIUM oral	**NSAIDs**
MEDROL/METHYLPREDNISOLONE oral, other	**Asthma & COPD**
MEDROXYPROGESTERONE ACETATE/LUNELLE injection	Contraception
MEDROXYPROGESTERONE/**PROVERA oral**	Hormone Replacement Therapy
MEDRYSONE/**HMS Ophthalmic**	Ophthalmic (eye)
MEFENAMIC ACID/**PONSTEL oral**	NSAIDs
MEFLOQUINE/**LARIAM oral**	Malaria
MEGACE/MEGESTROL ACETATE oral	**Antineoplastic (anti-cancer)**
MEGACE/MEGESTROL oral	**Antineoplastic (anti-cancer)**
MEGESTROL ACETATE/**MEGACE oral**	Antineoplastic (anti-cancer)
MEGESTROL/**MEGACE oral**	Antineoplastic (anti-cancer)
MELLARIL/THIORIDAZINE oral	**Psychoses**
MELOXICAM/**MOBIC oral**	NSAIDs
MELPHALAN/ ALKERAN oral	Antineoplastic (anti-cancer)
M-END oral	**Cough and Cold**
MENEST/ESTRATAB/ESTROGEN oral	**Hormone Replacement Therapy**
MENOTROPINS/**REPRONEX injection**	Fertility
MEPENZOLATE/CANTIL oral	GI Antispasmodic
MEPERGAN FORTIS/MEPERIDINE-PROMETHAZINE oral	**Pain**
MEPERIDINE/DEMEROL SYRUP	Pain
MEPERIDINE-PROMETHAZINE/**MEPERGAN FORTIS oral**	Pain
MEPHOBARBITAL/**MEBARAL oral**	Epilepsy
MEPROBAMATE/**MILTOWN/EQUANIL oral**	Anxiety
MEPROBAMATE-ASA/EQUAGESIC oral	Pain
MERCAPTOPURINE/**PURINETHOL oral**	Antineoplastic (anti-cancer)
MESALAMINE/ ASACOL enteric-coated	Intestinal Disorder
MESALAMINE/CANASA SUPP rectal	Intestinal Disorders
MESALAMINE/**PENTASA oral, controlled-release**	Pain
MESALAMINE/**ROWASA ENEMA rectal**	Intestinal Disorders
MESCOLOR oral, controlled-release	**Cough and Cold**
METADATE CD/METHYLPHENIDATE oral, controlled-release	**ADHD/Stimulant**
METAGLIP/GLIPIZIDE-METFORMIN oral	**Diabetes**
METAPROTERENOL/ ALUPENT inhalation, MDI	Asthma & COPD
METAPROTERENOL/ ALUPENT SYRUP oral	Asthma & COPD
METAXALONE/**SKELAXIN oral**	Skeletal Muscle Relaxants
METFORMIN/**GLUCOPHAGE XR oral, controlled-release**	Diabetes
METHAMPHETAMINE/DESOXYN oral	ADHD/Stimulant
METHAZOLAMIDE/**NEPTAZANE oral**	Diuretics- Other
METHENAMINE MANDELATE oral	**Antiinfective**
METHERGINE/METHYLERGONOVINE oral	**Oxytocic (induces labor)**
METHIMAZOLE/**TAPAZOLE oral**	Thyroid
METHOCARBAMOL/**ROBAXIN oral**	Skeletal Muscle Relaxants
METHOTREXATE SODIUM PARENTERAL injection	**Antineoplastic (anti-cancer)**
METHOTREXATE/**RHEUMATREX oral, other**	Anti-Rheumatic
METHOTREXATE/**TREXALL oral**	Antineoplastic (anti-cancer)
METHSUXIMIDE/CELONTIN oral	Epilepsy
METHYCLOTHIAZIDE/ENDURON oral	Hypertension
METHYLDOPA/ ALDOMEToral	Hypertension
METHYLDOPA-HCTZ/ ALDORIL oral	Hypertension
METHYLERGONOVINE/**METHERGINE oral**	Oxytocic (induces labor)
METHYLPHENIDATE/CONCERTA oral, controlled-release	ADHD/Stimulant

METHYLPHENIDATE/**METADATE CD oral, controlled-release**	ADHD/Stimulant
METHYLPHENIDATE/**RITALIN SR oral, controlled-release**	ADHD/Stimulant
METHYLPREDNISOLONE/**MEDROL oral, other**	Asthma & COPD
METHYLTESTOSTERONE / ANDROID oral	Androgen/Hormone
METIPRANOLOL/**OPTIPRANOLOL Ophthalmic**	Ophthalmic (eye)
METOCLOPRAMIDE/**REGLAN oral**	Ulcers/GERD
METOPROLOL TARTRATE/**LOPRESSOR oral**	Hypertension
METOPROLOL/**TOPROL XL oral, controlled-release**	Hypertension
METOPROLOL-HCTZ/**LOPRESSOR HCT oral**	Hypertension
METROCREAM/METRONIDAZOLE cream	**Acne Product**
METROGEL/METRONIDAZOLE topical, other	**Acne Product**
METROGEL-VAGINAL/METRONIDAZOLE vaginal	**Vaginal Product**
METROLOTION/METRONIDAZOLE topical liquid	**Acne Product**
METRONIDAZOLE/FLAGYL oral	Anti-parasitic
METRONIDAZOLE/**METROCREAM cream**	Acne Product
METRONIDAZOLE/**METROGEL topical, other**	Acne Product
METRONIDAZOLE/**METROGEL-VAGINAL vaginal**	Vaginal Product
METRONIDAZOLE/**METROLOTION topical liquid**	Acne Product
MEVACOR/LOVASTATIN oral	**Lipid Disorder/Cholesterol**
MEXILETINE HCL/**MEXITIL oral**	Arrhythmias
MEXITIL /MEXILETINE HCL oral	**Arrhythmias**
MIACALCIN/CALCITONIN nasal	**Bone Disorders**
MICARDIS HCT /TELMISARTAN-HCTZ oral	**Hypertension**
MICARDIS/TELMISARTAN oral	**Hypertension**
MICROGESTIN/LOESTRIN FE oral	**Contraception**
MICRO-K/POTASSIUM CHLORIDE oral, controlled-release	**Minerals-Electrolytes**
MICRONASE/GLYBURIDE oral	**Diabetes**
MIDAMOR/AMILORIDE oral	**Hypertension**
MIDODRINE/**PROAMATINE oral**	Miscellaneous Cardiovascular
MIDRIN oral	**Headache**
MIGLITOL/**GLYSET oral**	Diabetes
MIGRANAL/DIHYDROERGOTAMINE nasal	**Headache**
MILTOWN/EQUANIL/MEPROBAMATE oral	**Anxiety**
MINIPRESS/PRAZOSIN oral	**Hypertension**
MINIZIDE 1 oral	**Hypertension**
MINOCIN/DYNACIN/MINOCYCLINE oral	**Antiinfective**
MINOXIDIL/**LONITEN oral**	Hypertension
MIRALAX oral, other	**Laxative**
MIRAPEX oral	**Movement Disorder**
MIRCETTE oral	**Contraception**
MIRTAZAPINE/**REMERON oral**	Depression
MITOXANTRONE/ NOVANTRONE	Multiple Sclerosis
MOBAN/MOLINDONE oral	**Psychoses**
MOBIC/MELOXICAM oral	**NSAIDs**
MODAFINIL/PROVIGIL oral	ADHD/Stimulant
MODURETIC/AMILORIDE HCL-HCTZ oral	**Hypertension**
MOEXIPRIL/**UNIVASC oral**	Hypertension
MOEXIPRIL-HCTZ/**UNIRETIC oral**	Hypertension
MOLINDONE/**MOBAN oral**	Psychoses
MOMETASONE/ELOCON cream	Topical Inflammation & Itching
MOMETASONE/**NASONEX nasal**	Allergy
MONISTAT-DERM cream	**Topical Antiinfective**
MONOBENZONE/BENOQUIN cream	Skin Pigment (color) Agent
MONODOX/DOXYCYCLINE oral	**Antiinfective**
MONOKET/ISOSORBIDE oral	**Antianginal**
MONOPRIL HCT/FOSINOPRIL-HCTZ oral	**Hypertension**
MONOPRIL/FOSINOPRIL oral	**Hypertension**
MONTELUKAST/**SINGULAIR oral**	Asthma & COPD
MONUROL/FOSFOMYCIN oral, other	**Antiinfective**
MORICIZINE/ETHMOZINE oral	Arrhythmias
MORPHINE/AVINZA/KADIAN/MS CONTIN oral, controlled-release	Pain

MORPHINE/**MSIR oral**	Pain
MOTOFEN/DIFENOXIN-ATROPINE oral	**Antidiarrheal**
MOTRIN/IBUPROFEN oral	**NSAIDs**
MOXIFLOXACIN/ AVELOX oral	Antiinfective
MS CONTIN/MORPHINE oral, controlled-release	**Pain**
MSIR/MORPHINE oral	**Pain**
MUCOMYST-10/ACETYLCYSTEINE miscellaneous	**Cough and Cold**
MUPIROCIN/BACTROBAN cream	Topical Antiinfective
MUSE /ALPROSTADIL urethral	**Genitourinary**
MYCELEX/CLOTRIMAZOLE TROCHE mucous membrane	**Fungal Infections**
MYCELEX/CLOTRIMAZOLE/LOTRIMIN cream	**Topical Antiinfective**
MYCOBUTIN/RIFABUTIN oral	**Tuberculosis**
MYCOLOG II ointment	**Topical Antiinfective**
MYCOPHENOLATE/CELLCEPT oral	Immunosuppression
MYCOSTATIN PASTILLES/NYSTATIN mucous membrane	**Fungal Infections**
MYCOSTATIN POWDER/NYSTATIN topical, other	**Topical Antiinfective**
MYDRIACYL /TROPICAMIDE Ophthalmic (eye)	**Ophthalmic (eye)**
MYKROX/ZAROXOLYN oral	**Hypertension**
MYSOLINE/PRIMIDONE oral	**Epilepsy**
MYTELASE/AMBENONIUM oral	**Alzheimer's Disease**
NABUMETONE/**RELAFEN oral**	NSAIDs
NADOLOL/CORGARD oral	Hypertension
NAFARELIN/**SYNAREL nasal**	Fertility
NAFTIFINE/**NAFTIN cream**	Topical Antiinfective
NAFTIN/NAFTIFINE cream	**Topical Antiinfective**
NALBUPHINE/**NUBAIN injection**	Pain
NALFON TABLET/FENOPROFEN oral	**NSAIDs**
NALTREXONE/**REVIA oral**	Antidotes
NAPHAZOLINE/VASOCON Ophthalmic	Ophthalmic (eye)
NAPRELAN/NAPROXEN oral, controlled-release	**NSAIDs**
NAPROSYN/NAPROXEN oral	**NSAIDs**
NAPROXEN SODIUM/ANAPROX oral	NSAIDs
NAPROXEN/EC-NAPROSYN enteric-coated	NSAIDs
NAPROXEN/**NAPRELAN oral, controlled-release**	NSAIDs
NAPROXEN/**NAPROSYN oral**	NSAIDs
NAQUA/TRICHLORMETHIAZIDE oral	**Hypertension**
NARATRIPTAN/ AMERGE oral	Headache
NARDIL/PHENELZINE oral	**Depression**
NASACORT AQ/TRIAMCINOLONE nasal	**Allergy**
NASAREL/FLUNISOLIDE nasal	**Allergy**
NASCOBAL/CYANOCOBALAMIN nasal	**Hematopoietics**
NASONEX/MOMETASONE nasal	**Allergy**
NATACYN/NATAMYCIN Ophthalmic (eye)	**Ophthalmic (eye)**
NATAMYCIN/**NATACYN Ophthalmic**	Ophthalmic (eye)
NATEGLINIDE/**STARLIX oral**	Diabetes
NATURETIN-10 oral	**Hypertension**
NAVANE/THIOTHIXENE oral	**Psychoses**
NEBUPENT/PENTAMIDINE inhalation	**Anti-parasitic**
NEDOCROMIL/ ALOCRIL Ophthalmic	Ophthalmic (eye)
NEDOCROMIL/**TILADE inhalation, MDI**	Asthma & COPD
NEFAZODONE/**SERZONE oral**	Depression
NELFINAVIR/VIRACEPT oral	HIV/AIDS
NEOMYCIN SULFATE oral	**Antiinfective**
NEORAL/CYCLOSPORINE oral	**Immunosuppression**
NEOSPORIN/TRIPLE ANTIBIOTIC (EAR) Ophthalmic (eye)	**Ophthalmic (eye)**
NEOSTIGMINE/**PROSTIGMIN oral**	Alzheimer's Disease
NEPHROCAPS oral	**Vitamins**
NEPTAZANE/METHAZOLAMIDE oral	**Diuretic**
NESTABS RX oral	**Vitamins**
NEULASTA/PEGFILGRASTIM subcutaneous	**Hematological (blood)**

NEUMEGA/OPRELVEKIN subcutaneous	**Hematological (blood)**
NEUPOGEN/FILGRASTIM injection	**Hematological (blood)**
NEURONTIN/GABAPENTIN oral	**Epilepsy**
NEVIRAPINE/VIRAMUNE oral	HIV/AIDS
NEXIUM /ESOMEPRAZOLE oral, controlled-release	**Ulcers/GERD**
NIACIN/**NIASPAN oral, controlled-release**	Lipid Disorder/Cholesterol
NIASPAN/NIACIN oral, controlled-release	**Lipid Disorder/Cholesterol**
NIAZID/ISONIAZID oral	**Tuberculosis**
NICARDIPINE/CARDENE SR oral, controlled-release	Hypertension
NIFEDIPINE ER/**PROCARDIA XL oral, controlled-release**	Hypertension
NIFEDIPINE SA/ ADALAT CC oral, controlled-release	Hypertension
NIFEREX-150 FORTE oral	**Minerals-Electrolytes**
NISOLDIPINE/**SULAR oral, controlled-release**	Hypertension
NITRO SPRAY/NITROGLYCERIN topical liquid	**Antianginal**
NITRO-DUR/NITROGLYCERIN patch	**Antianginal**
NITROFURANTOIN/**FURADANTIN SUSP/MACROBID oral**	Antiinfective
NITROFURANTOIN/**MACRODANTIN oral**	Antiinfective
NITROGLYCERIN oral, controlled-release	**Antianginal**
NITROGLYCERIN/**NITRO SPRAY topical liquid**	Antianginal
NITROGLYCERIN/**NITRO-DUR patch**	Antianginal
NITROGLYCERIN/**NITROL/NITRO-BID ointment**	Antianginal
NITROGLYCERIN/**NITROTAB sublingual**	Antianginal
NITROL/NITRO-BID/NITROGLYCERIN ointment	**Antianginal**
NITROTAB/NITROGLYCERIN sublingual	**Antianginal**
NIZATIDINE/ AXID oral	Ulcers/GERD
NIZORAL SHAMPOO/KETOCONAZOLE topical, other	**Topical Antiinfective**
NIZORAL/KETOCONAZOLE cream	**Topical Antiinfective**
NIZORAL/KETOCONAZOLE oral	**Fungal Infections**
NOLVADEX/TAMOXIFEN oral	**Antineoplastic (anti-cancer)**
NORDETTE/ALESSE/TRIPHASIL oral	**Contraception**
NORDITROPIN/SEROSTIM/NUTROPIN subcutaneous	**Growth**
NORDITROPIN/SOMATROPIN subcutaneous	**Growth**
NORETHINDRONE/ AYGESTIN oral	Hormone Replacement Therapy
NORFLEX SA/ORPHENADRINE oral, controlled-release	**Skeletal Muscle Relaxants**
NORFLOXACIN/**NOROXIN oral**	Antiinfective
NORGESIC oral	**Skeletal Muscle Relaxants**
NOROXIN/NORFLOXACIN oral	**Antiinfective**
NORPACE CR/DISOPYRAMIDE oral, controlled-release	**Arrhythmias**
NORPACE/DISOPYRAMIDE oral	**Arrhythmias**
NORPRAMIN/DESIPRAMINE oral	**Depression**
NOR-Q-D oral	**Contraception**
NORTRIPTYLINE/PAMELOR oral	**Depression**
NORVASC/AMLODIPINE oral	**Hypertension**
NORVIR/RITONAVIR oral	**HIV/AIDS**
NOTUSS/HYCOFED oral	**Cough and Cold**
NOVACET/**SULFACET-R gel**	Topical Antiinfective
NOVAFED/DECONAMINE oral, controlled-release	Cough and Cold
NOVAHISTINE DH oral	**Cough and Cold**
NOVANTRONE/MITOXANTRONE	**Multiple Sclerosis**
NOVOLIN L or R injection	**Diabetes**
NOVOLIN/HUMULIN 70/30/HUMULIN N injection	**Diabetes**
NOVOLOG MIX 70/30 subcutaneous	**Diabetes**
NOVOLOG subcutaneous	**Diabetes**
NUBAIN/NALBUPHINE injection	**Pain**
NULYTELY oral	**Laxative**
NUTROPIN AQ/SOMATROPIN subcutaneous	**Growth**
NUTROPIN/**NORDITROPIN/SEROSTIM subcutaneous**	Growth
NUVARING VAGINAL RING vaginal	**Contraception**
NYSTATIN & TRIAMCINOLONE cream	**Topical Antiinfective**
NYSTATIN cream	**Topical Antiinfective**
NYSTATIN oral	**Fungal Infections**

NYSTATIN VAGINAL TAB vaginal	**Vaginal Product**
NYSTATIN/**MYCOSTATIN PASTILLES mucous membrane**	Fungal Infections
NYSTATIN/**MYCOSTATIN POWDER topical, other**	Topical Antiinfective
NYSTATIN/**NYSTEX ointment**	Topical Antiinfective
NYSTEX/NYSTATIN ointment	**Topical Antiinfective**
OCUFLOX/OFLOXACIN Ophthalmic (eye)	**Ophthalmic (eye)**
OCUPRESS/CARTEOLOL Ophthalmic (eye)	**Ophthalmic (eye)**
OFLOXACIN/FLOXIN oral	Antiinfective
OFLOXACIN/FLOXIN perfusion	Otic (ear)
OFLOXACIN/**OCUFLOX Ophthalmic**	Ophthalmic (eye)
OGEN/ORTHO-EST/ESTROPIPATE oral	**Hormone Replacement Therapy**
OLANZAPINE/ZYPREXA oral	Psychoses
OLMESARTAN/BENICAR oral	Hypertension
OLOPATADINE/**PATANOL Ophthalmic**	Ophthalmic (eye)
OLSALAZINE/DIPENTUM oral	Intestinal Disorder
OLUX/CLOBETASOL topical, other	**Topical Inflammation & Itching**
OMEPRAZOLE/**PRILOSEC oral, controlled-release**	Ulcers/GERD
OMNICEF/CEFDINIR oral	**Antiinfective**
OPRELVEKIN/**NEUMEGA subcutaneous**	Hematological (blood)
OPTICROM/CROMOLYN Ophthalmic	**Ophthalmic (eye)**
OPTIPRANOLOL/METIPRANOLOL Ophthalmic	**Ophthalmic (eye)**
OPTIVAR/AZELASTINE Ophthalmic	**Ophthalmic (eye)**
ORAP/PIMOZIDE oral	**Psychoses**
ORINASE/TOLBUTAMIDE oral	**Diabetes**
ORLISTAT/XENICAL oral	Weight Loss
ORPHENADRINE/**NORFLEX SA oral, controlled-release**	Skeletal Muscle Relaxants
ORTHO EVRA patch	**Contraception**
ORTHO PREFEST/ESTROGEN-NORGEST oral	**Hormone Replacement Therapy**
ORTHO TRI-CYCLEN oral	**Contraception**
ORTHO-CEPT/DESOGEN oral	Contraception
ORTHO-DIENESTROL vaginal	**Vaginal Product**
ORTHO-NOVUM oral	**Contraception**
ORUDIS/KETOPROFEN oral	**NSAIDs**
OSELTAMIVIR/**TAMIFLU oral**	Antiviral
OTOGESIC/BENZOCAINE/TYMPAGESIC perfusion	**Otic (ear)**
OVACE gel	**Dermatological**
OVIDE/MALATHION topical liquid	**Topical Antiinfective**
OVIDREL/HCG subcutaneous	**Fertility**
OVRETTE oral	**Contraception**
OXANDRIN/OXANDROLONE oral	**Androgen/Hormone**
OXANDROLONE/**OXANDRIN oral**	Androgen/Hormone
OXAPROZIN/DAYPRO oral	NSAIDs
OXAZEPAM/**SERAX oral**	Anxiety
OXCARBAZEPINE/**TRILEPTAL oral**	Epilepsy
OXICONAZOLE/**OXISTAT cream**	Topical Antiinfective
OXISTAT/OXICONAZOLE cream	**Topical Antiinfective**
OXYBUTYNIN CHLORIDE oral	**Genitourinary**
OXYBUTYNIN/DITROPAN XL oral, controlled-release	Genitourinary
OXYCODONE W ACET/**PERCOCET oral**	Pain
OXYCODONE/**OXYCONTIN oral, controlled-release**	Pain
OXYCODONE/**OXYIR/ROXICODONE oral**	Pain
OXYCODONE-APAP/**ROXICET/TYLOX oral**	Pain
OXYCODONE-ASA/**PERCODAN oral**	Pain
OXYCONTIN/OXYCODONE oral, controlled-release	**Pain**
OXYIR/OXYCODONE oral	**Pain**
PALIVIZUMAB/**SYNAGIS intramuscular**	Antiviral
PAMELOR/**NORTRIPTYLINE oral**	Depression
PAMINE/SCOPOLAMINE oral	**Gastrointestinal Antispasmodic**
PANDEL/HYDROCORTISONE cream	**Topical Inflammation & Itching**

PANOXYL/DESQUAM/BENZAC/ topical, other	**Acne Product**
PANRETIN/ALITRETINOIN topical, other	**Topical Inflammation & Itching**
PANTOPRAZOLE/**PROTONIX enteric-coated**	Ulcers/GERD
PARAFON FORTE/CHLORZOXAZONE oral	**Skeletal Muscle Relaxants**
PARICALCITOL/ZEMPLAR irrigation	Vitamins
PARLODEL/BROMOCRIPTINE oral	**Miscellaneous Endocrine**
PARNATE/TRANYLCYPROMINE oral	**Depression**
PAROXETINE/**PAXIL CR oral, controlled-release**	Depression
PAROXETINE/**PAXIL oral**	Depression
PATANOL/OLOPATADINE Ophthalmic (eye)	**Ophthalmic (eye)**
PAXIL CR/PAROXETINE oral, controlled-release	**Depression**
PAXIL/PAROXETINE oral	**Depression**
PCE/ERYTHROMYCIN oral	**Antiinfective**
PEDIAPRED/PREDNISOLONE oral	**Asthma & COPD**
PEDIAZOLE oral	**Antiinfective**
PEDIOTIC (EAR) Otic (ear)	**Otic (ear)**
PEDIOX oral, other	**Allergy**
PEGASYS/PEGINTERFERON ALFA-2A subcutaneous	**Hepatitis**
PEGFILGRASTIM/**NEULASTA subcutaneous**	Hematological (blood)
PEGINTERFERON ALFA-2A/**PEGASYS subcutaneous**	Hepatitis
PEGINTERFERON/**PEG-INTRON subcutaneous**	Antineoplastic (anti-cancer)
PEG-INTRON/PEGINTERFERON subcutaneous	**Antineoplastic (anti-cancer)**
PEMIROLAST/ALAMAST Ophthalmic	Ophthalmic (eye)
PENCICLOVIR/DENAVIR cream	Topical Antiinfective
PENICILLAMINE/DEPEN oral	Antidotes
PENICILLIN VK oral	**Antiinfective**
PENLAC/CICLOPIROX topical liquid	**Topical Antiinfective**
PENTAMIDINE/**NEBUPENT inhalation**	Anti-parasitic
PENTASA /MESALAMINE oral, controlled-release	**Pain**
PENTAZOCINE-APAP/**TALACEN oral**	Pain
PENTAZOCINE-NALOX/**TALWIN NX oral**	Pain
PENTOSAN POLYSULFATE/ELMIRON oral	Genitourinary
PENTOXIFYLLINE/**TRENTAL oral, controlled-release**	Hematological (blood)
PEPCID COMPLETE oral, other	**Ulcers/GERD**
PEPCID/FAMOTIDINE oral	**Ulcers/GERD**
PERCOCET/OXYCODONE W ACET oral	**Pain**
PERCODAN/OXYCODONE-ASA oral	**Pain**
PERGOLIDE/**PERMAX oral**	Movement Disorder
PERIACTIN/CYPROHEPTADINE oral	**Allergy**
PERIDEX/CHLORHEXIDINE mucous membrane	**Dental**
PERINDOPRIL/ACEON oral	Hypertension
PERIOSTAT/DOXYCYCLINE oral	**Dental**
PERMAX/PERGOLIDE oral	**Movement Disorder**
PERMETHRIN/ELIMITE cream	Topical Antiinfective
PERPHENAZINE/**TRILAFON oral**	Psychoses
PERSANTINE/DIPYRIDAMOLE oral	**Hematological (blood)**
PHENAZOPYRIDINE/**PYRIDIUM oral**	Genitourinary
PHENELZINE/**NARDIL oral**	Depression
PHENERGAN/PROMETHAZINE oral	**Allergy**
PHENERGAN/PROMETHAZINE rectal	**Nausea & Vomiting**
PHENOBARBITAL oral	**Anxiety**
PHENOXYBENZAMINE/DIBENZYLINE oral	Hypertension
PHENTERMINE/FASTIN/ADIPEX/SUPRAMINE oral	Weight Loss
PHENTERMINE/**IONAMIN oral, controlled-release**	Weight Loss
PHENYLEPHRINE/HYDROCOD BIT/CP oral	**Cough and Cold**
PHENYTOIN/DILANTIN INFATAB/DILANTIN oral, other	Epilepsy
PHOSLO/CALCIUM ACETATE oral	**Minerals-Electrolytes**
PHRENILIN FORTE oral	**Pain**
PHRENILIN/AXOCET oral	**Pain**
PILOCAR/PILOCARPINE Ophthalmic (eye)	**Ophthalmic (eye)**
PILOCARPINE/**PILOCAR Ophthalmic**	Ophthalmic (eye)

PILOCARPINE/**SALAGEN oral**	Miscellaneous GI Agents
PIMECROLIMUS/ELIDEL cream	Topical Inflammation & Itching
PIMOZIDE/**ORAP oral**	Psychoses
PINDOLOL/VISKEN oral	Hypertension
PIOGLITAZONE/ACTOS oral	Diabetes
PIRBUTEROL/**MAXAIR AUTOHALER inhalation, MDI**	Asthma & COPD
PIROXICAM/FELDENE oral	NSAIDs
PLAN B/LEVONORGESTREL oral	**Contraception**
PLAQUENIL/HYDROXYCHLOROQUINE oral	**Malaria**
PLAVIX/CLOPIDOGREL oral	**Hematological (blood)**
PLENDIL/FELODIPINE oral, controlled-release	**Hypertension**
PLETAL/CILOSTAZOL oral	**Hematological (blood)**
PLEXION/SULFACETAMIDE topical, other	**Topical Antiinfective**
PNEUMOTUSSIN TAB/ENTUSS TAB oral	Cough and Cold
PODOFILOX/CONDYLOX topical, other	Acne Product
POLARAMINE/DEXCHLORPHENIRAMINE oral, CR	**Allergy**
POLOXAMER/ ALLCLENZ topical	Dermatological (for skin disorders)
POLY VITS/VI-DAYLIN oral, other	Vitamins
POLYCITRA-K/CYTRA-K oral, other	**Genitourinary**
POLYMYXIN B-TMP/**POLYTRIM Ophthalmic**	Ophthalmic (eye)
POLY-PRED Ophthalmic	**Ophthalmic (eye)**
POLYSPORIN Ophthalmic	**Ophthalmic (eye)**
POLYTRIM/POLYMYXIN B-TMP Ophthalmic	**Ophthalmic (eye)**
PONSTEL/MEFENAMIC ACID oral	**NSAIDs**
POTASSIUM BICARBONATE oral, other	**Minerals-Electrolytes**
POTASSIUM CHLORIDE/MICRO-K oral, controlled-release	**Minerals-Electrolytes**
POTASSIUM CITRATE/**UROCIT-K oral, controlled-release**	Genitourinary
POTASSIUM IODIDE/**SSKI oral**	Minerals-Electrolytes
PRAMOSONE cream	**Dermatological**
PRAMOXINE HC/**PROCTOFOAM-HC rectal**	Anorectal
PRANDIN /REPAGLINIDE oral	**Diabetes**
PRAVACHOL/PRAVASTATIN oral	**Lipid Disorder/Cholesterol**
PRAVASTATIN/**PRAVACHOL oral**	Lipid Disorder/Cholesterol
PRAZIQUANTEL/BILTRICIDE oral	Anti-parasitic
PRAZOSIN/**MINIPRESS oral**	Hypertension
PRECARE oral	**Vitamins**
PRECOSE/ACARBOSE oral	**Diabetes**
PRED FORTE/PREDNISOLONE Ophthalmic	**Ophthalmic (eye)**
PRED-G Ophthalmic	**Ophthalmic (eye)**
PREDNICARBATE/DERMATOP cream	Topical Inflammation & Itching
PREDNISOLONE/**PEDIAPRED/DELTASONE oral**	Asthma & COPD
PREDNISOLONE/**PRED FORTE Ophthalmic**	Ophthalmic (eye)
PREDNISOLONE/**PRELONE oral**	Asthma & COPD
PREDNIS-SULFACET/VASOCIDIN Ophthalmic	Ophthalmic (eye)
PRELONE/PREDNISOLONE oral	**Asthma & COPD**
PREMARIN CREAM/CONJ ESTROGEN vaginal	**Vaginal Product**
PREMARIN/CONJ ESTROGEN oral	**Hormone Replacement Therapy**
PREMESIS RX oral, controlled-release	**Vitamins**
PREMPHASE oral	**Hormone Replacement Therapy**
PREMPRO/ESTROGEN-PROGEST oral	**Hormone Replacement Therapy**
PRENATAL VIT/FE CARB-FESO4/FA oral	**Vitamins**
PRENATAL VITAMINS oral	**Vitamins**
PRENATAL/**MATERNA/ZENATE oral**	Vitamins
PRENATE oral	**Vitamins**
PREVACID/LANSOPRAZOLE oral, controlled-release	**Ulcers/GERD**
PREVEN miscellaneous	**Contraception**
PREVIDENT/SODIUM FLUORIDE dental	**Dental**
PREVPAC oral, other	**Ulcers/GERD**
PRILOSEC/OMEPRAZOLE oral, controlled-release	**Ulcers/GERD**
PRIMAQUINE oral	**Malaria**
PRIMIDONE/**MYSOLINE oral**	Epilepsy

PRIMSOL/TRIMETHOPRIM oral	**Antiinfective**
PRINCIPEN/AMPICILLIN oral	**Antiinfective**
PRINIVIL/ZESTRIL/LISINOPRIL oral	**Hypertension**
PRINZIDE/ZESTORETIC/LISINOPRIL-HCTZ oral	**Hypertension**
PROAMATINE/MIDODRINE oral	**Miscellaneous Cardiovascular**
PRO-BANTHINE/PROPANTHELINE oral	**Gastrointestinal Antispasmodic**
PROBENECID oral	**Gout**
PROBENECID W/COLCHICINE oral	**Gout**
PROCAINAMIDE/**PROCANBID/PRONESTYL oral CR**	Arrhythmias
PROCAINAMIDE/**PRONESTYL oral, controlled-release**	Arrhythmias
PROCANBID/PROCAINAMIDE oral, controlled-release	**Arrhythmias**
PROCARBAZINE/**MATULANE oral**	Antineoplastic (anti-cancer)
PROCARDIA XL/NIFEDIPINE ER oral, controlled-release	**Hypertension**
PROCHLORPERAZINE/COMPAZINE oral rectal	Nausea & Vomiting
PROCRIT/EPOETIN ALFA injection	**Hematological (blood)**
PROCTOCREAM-HC rectal	**Anorectal**
PROCTOFOAM-HC/PRAMOXINE HC rectal	**Anorectal**
PROCTO-KIT 2.5%/HYDROCORTISONE rectal	**Anorectal**
PROCYCLIDINE/**KEMADRIN oral**	Movement Disorder
PROGESTERONE/**PROMETRIUM oral**	Hormone Replacement Therapy
PROGLYCEM/DIAZOXIDE oral	**Diabetes**
PROGRAF/TACROLIMUS oral	**Immunosuppression**
PROLASTIN intravenous	**Metabolic Disorders**
PROLEUKIN/ALDESLEUKIN intravenous	**Antineoplastic (anti-cancer)**
PROLIXIN/FLUPHENAZINE injection **or oral**	**Psychoses**
PROMETHAZINE/**PHENERGAN oral**	Allergy
PROMETHAZINE/**PHENERGAN rectal**	Nausea & Vomiting
PROMETRIUM/PROGESTERONE oral	**Hormone Replacement Therapy**
PRONESTYL/PROCAINAMIDE oral, controlled-release	**Arrhythmias**
PROPAFENONE/**RYTHMOL oral**	Arrhythmias
PROPANTHELINE/**PRO-BANTHINE oral**	Gastrointestinal Antispasmodic
PROPECIA/FINASTERIDE oral	**Dermatological**
PROPOXYPHENE/DARVON/DARVON-N, oral	Pain
PROPOXYPHENE-APAP/DARVOCET/WYGESIC oral	Pain
PROPOXYPHENE-ASA-CAFF/DARVON CMPD oral	Pain
PROPRANOLOL/**INDERAL oral**	Hypertension
PROPRANOLOL-HCTZ/**INDERIDE oral**	Hypertension
PROPYLTHIOURACIL oral	**Thyroid**
PROSCAR/FINASTERIDE oral	**Genitourinary**
PROSED/DS oral	**Antiinfective**
PROSOM/ESTAZOLAM oral	**Anxiety**
PROSTIGMIN/NEOSTIGMINE oral	**Alzheimer's Disease**
PROTONIX/PANTOPRAZOLE enteric-coated	**Ulcers/GERD**
PROTOPIC /TACROLIMUS ointment	**Topical Inflammation & Itching**
PROTRIPTYLINE/VIVACTIL oral	Depression
PROTROPIN/SOMATREM injection	**Growth**
PROVENTIL HFA/ALBUTEROL inhalation, MDI	**Asthma & COPD**
PROVENTIL/VENTOLIN/ALBUTEROL inhalation, MDI **or oral**	**Asthma & COPD**
PROVERA/MEDROXYPROGESTERONE oral	**Hormone Replacement Therapy**
PROVIGIL/MODAFINIL oral	**ADHD/Stimulant**
PROZAC WEEKLY/FLUOXETINE oral, controlled-release	**Depression**
PROZAC/FLUOXETINE oral	**Depression**
PSORCON/DIFLORASONE ointment	**Topical Inflammation & Itching**
PULMICORT/BUDESONIDE inhalation	**Asthma & COPD**
PULMOZYME/DORNASE ALFA inhalation	**Cough and Cold**
PURINETHOL/MERCAPTOPURINE oral	**Antineoplastic (anti-cancer)**
P-V-TUSSIN TABLET oral	**Cough and Cold**
PYRIDIUM PLUS oral	**Genitourinary**
PYRIDIUM/PHENAZOPYRIDINE oral	**Genitourinary**
PYRIMETHAMINE/DARAPRIM oral	Malaria

QUADRA-HIST D PED oral, controlled-release	**Allergy**
QUAZEPAM/DORAL oral	Anxiety
QUESTRAN PWD/CHOLESTYRAMINE oral, other	**Lipid Disorder/Cholesterol**
QUETIAPINE/**SEROQUEL oral**	Psychoses
QUINAPRIL/ACCUPRIL oral	Hypertension
QUINAPRIL-HCTZ/ACCURETIC oral	Hypertension
QUINIDEX/QUINIDINE oral, controlled-release	**Arrhythmias**
QUINIDINE/**QUINIDEX oral, controlled-release**	Arrhythmias
QUININE SULFATE oral	**Malaria**
QUIXIN/LEVOFLOXACIN Ophthalmic (eye)	**Ophthalmic (eye)**
QVAR/BECLOMETHASONE inhalation, MDI	**Asthma & COPD**
RABEPRAZOLE/ACIPHEX enteric-coated	Ulcers/GERD
RALOXIFENE/EVISTA oral	Bone Disorders
RAMIPRIL/ ALTACE oral	Hypertension
RANITIDINE/ZANTAC oral	Ulcers/GERD
RAPAMUNE/SIROLIMUS oral	**Immunosuppression**
REBETOL/RIBAVIRIN oral	**Hepatitis**
REBIF/INTERFERON BETA-1A subcutaneous	**Nervous System Disorders**
RECOMBINATE intravenous	**Hemophilia**
REGITINE injection	**Hypertension**
REGLAN/METOCLOPRAMIDE oral	**Ulcers/GERD**
REGRANEX/BECAPLERMIN topical, other	**Diabetes**
RELAFEN/NABUMETONE oral	**NSAIDs**
RELENZA/ZANAMIVIR inhalation, MDI	**Antiviral**
RELPAX/ELETRIPTAN oral	**Headache**
REMERON/MIRTAZAPINE oral	**Depression**
REMICADE/INFLIXIMAB intravenous	**Intestinal Disorders**
REMINYL/GALANTAMINE oral	**Alzheimer's Disease**
RENAGEL/SEVELAMER oral	**Minerals-Electrolytes**
RENAX oral	**Vitamins**
RENOVA/TRETINOIN cream	**Cosmetic Conditions**
REPAGLINIDE/**PRANDIN oral**	Diabetes
REPRONEX/MENOTROPINS injection	**Fertility**
REQUIP/ROPINIROLE oral	**Movement Disorder**
RESCON/HISTADE/COLFED oral, controlled-release	**Cough and Cold**
RESCRIPTOR/DELAVIRDINE oral	**HIV/AIDS**
RESCULA/UNOPROSTONE Ophthalmic (eye)	**Ophthalmic (eye)**
RESERPINE oral	**Hypertension**
RESTORIL/TEMAZEPAM oral	**Anxiety**
RETIN A/TRETINOIN cream	**Acne Product**
RETROVIR /ZIDOVUDINE oral	**HIV/AIDS**
REVIA/NALTREXONE oral	**Antidotes**
RHEUMATREX/METHOTREXATE oral, other	**Anti-Rheumatic**
RHINOCORT AQUA/BUDESONIDE nasal	**Allergy**
RHINOCORT/BUDESONIDE nasal	**Allergy**
RIBAVIRIN/COPEGUS/REBETOL oral	Hepatitis
RIDAURA/AURANOFIN oral	**Anti-Rheumatic**
RIFABUTIN/**MYCOBUTIN oral**	Tuberculosis
RIFADIN/RIFAMPIN oral	**Tuberculosis**
RIFAMPIN/**RIFADIN oral**	Tuberculosis
RILUTEK/RILUZOLE oral	**Nervous System Disorders**
RILUZOLE/**RILUTEK oral**	Nervous System Disorders
RIMEXOLONE/VEXOL Ophthalmic	Ophthalmic (eye)
RIMSO-50 urethral	**Urinary Antiinfectives**
RISEDRONATE/COREG oral	Hypertension
RISPERDAL/RISPERIDONE oral	**Psychoses**
RISPERIDONE/**RISPERDAL oral**	Psychoses
RITALIN SR/METHYLPHENIDATE oral, controlled-release	**ADHD/Stimulant**
RITALIN/METHYLPHENIDATE oral	**ADHD/Stimulant**
RITONAVIR/**NORVIR oral**	HIV/AIDS

RIVASTIGMINE/EXELON oral	Alzheimer's Disease
RIZATRIPTAN/**MAXALT MLT oral, other**	Headache
ROBAXIN/METHOCARBAMOL oral	**Skeletal Muscle Relaxants**
ROBINUL/GLYCOPYRROLATE oral	**Gastrointestinal Antispasmodic**
ROBITUSSIN-AC oral	**Cough and Cold**
ROBITUSSIN-CF oral	**Cough and Cold**
ROBITUSSIN-DAC oral	**Cough and Cold**
ROCALTROL/CALCITRIOL oral	**Vitamins**
ROCEPHIN/CEFTRIAXONE injection	**Antiinfective**
ROFECOXIB/VIOXX oral	NSAIDs
RONDEC DROPS or SYRUP oral	**Allergy**
RONDEC-DM oral	**Cough and Cold**
ROPINIROLE/**REQUIP oral**	Movement Disorder
ROSIGLITAZONE/ AVANDIA oral	Diabetes
ROWASA ENEMA/MESALAMINE rectal	**Intestinal Disorders**
ROXICET/OXYCODONE-APAP oral	**Pain**
ROXICODONE/OXYCODONE oral	**Pain**
RYNATAN oral	**Cough and Cold**
RYTHMOL/PROPAFENONE oral	**Arrhythmias**
SALAGEN/PILOCARPINE oral	**Miscellaneous GI Agents**
SALICEPT mucous membrane	**Mouth-Throat: Local**
SALMETEROL/**SEREVENTinhalation, MDI**	Asthma & COPD
SALSALATE/DISALCID oral	Pain
SAL-TROPINE/ATROPINE oral	**Gastrointestinal Antispasmodic**
SANDIMMUNE/CYCLOSPORINE oral	**Immunosuppression**
SANDOSTATIN injection	**Antidiarrheal**
SANTYL/COLLAGENASE ointment	**Dermatological**
SAQUINAVIR/FORTOVASE/INVIRASE oral	HIV/AIDS
SARGRAMOSTIM/**LEUKINE injection**	Hematological (blood)
SCOPACE/SCOPOLAMINE oral	**Nausea & Vomiting**
SCOPOLAMINE/**ISOPTO HYOSCINE Ophthalmic**	Ophthalmic (eye)
SCOPOLAMINE/**PAMINE/SCOPACE oral**	Gastrointestinal Antispasmodic
SECTRAL/ACEBUTOLOL HCL oral	**Hypertension**
SELENIUM SULFIDE/**SELSUN topical, other**	Dermatological (for skin disorders)
SELIGILINE HCL/ ATAPRYL/ELDEPRYL oral	Movement Disorder
SELSUN/SELENIUM SULFIDE topical, other	**Dermatological**
SEMPREX-D oral	**Allergy**
SEPTRA/BACTRIM SUSPENSION oral	Antiinfective
SEPTRA/BACTRIM/SULFAMETHOXAZOLE/TRIMETHOPRIM	**Antiinfective**
SERAX/OXAZEPAM oral	**Anxiety**
SEREVENT/SALMETEROL inhalation, MDI	**Asthma & COPD**
SEREVENT DISKUS/SALMETEROL inhalation, MDI	**Asthma & COPD**
SEROPHENE/CLOMID/CLOMIPHENE oral	**Fertility**
SEROQUEL/QUETIAPINE oral	**Psychoses**
SERTRALINE/ZOLOFT oral	Depression
SERZONE/NEFAZODONE oral	**Depression**
SEVELAMER/**RENAGEL oral**	Minerals-Electrolytes
SILDENAFIL/VIAGRA oral	Genitourinary
SILVER NITRATE APPLICATORS topical, other	**Topical Antiinfective**
SILVER SULFADIAZINE cream	**Topical Antiinfective**
SIMVASTATIN/ZOCOR oral	Lipid Disorder/Cholesterol
SINEMET/CARBIDOPA-LEVODOPA oral	**Movement Disorder**
SINEQUAN/DOXEPIN oral	**Depression**
SINGULAIR/MONTELUKAST oral	**Asthma & COPD**
SIROLIMUS/**RAPAMUNE oral**	Immunosuppression
SKELAXIN/METAXALONE oral	**Skeletal Muscle Relaxants**
SLO-BID CAPS/THEOPHYLLINE oral, controlled-release	**Asthma & COPD**
SODIUM FLUORIDE dental **oral**	**Dental**
SODIUM FLUORIDE/**PREVIDENT dental**	Dental
SODIUM OXYBATE/XYREM oral	ADHD/Stimulant

SOLAQUIN cream	**Skin Pigment (color) Agent**
SOLARAZE/DICLOFENAC topical, other	**Dermatological**
SOMA/CARISOPRODOL oral	**Skeletal Muscle Relaxants**
SOMATREM/PROTROPIN injection	Growth
SOMATROPIN/**GENOTROPIN/NORDITROPIN/NUTROPIN sq**	Growth
SONATA/ZALEPLON oral	**Anxiety**
SORIATANE/ACITRETIN oral	**Psoriasis**
SOTALOL/BETAPACE oral	Hypertension
SPECTAZOLE/ECONAZOLE cream	**Topical Antiinfective**
SPECTRACEF/CEFDITOREN oral	**Antiinfective**
SPIRONOLACTONE/ALDACTONE oral	Hypertension
SPORANOX/ITRACONAZOLE oral	**Fungal Infections**
SPS oral	**Minerals-Electrolytes**
SSKI/POTASSIUM IODIDE oral	**Minerals-Electrolytes**
STADOL NS/BUTORPHANOL nasal	**Pain**
STANOZOLOL/WINSTROL oral	Androgen/Hormone
STARLIX/NATEGLINIDE oral	**Diabetes**
STAVUDINE/ZERIT oral	HIV/AIDS
STELAZINE/TRIFLUOPERAZINE oral	**Psychoses**
STIMATE/DESMOPRESSIN nasal	**Miscellaneous Endocrine**
STRATTERA/ATOMOXETINE oral	**ADHD/Stimulant**
STROVITE ADVANCE oral	**Vitamins**
SUCRALFATE/CARAFATE SUSP oral	Ulcers/GERD
SULAR/NISOLDIPINE oral, controlled-release	**Hypertension**
SULCONAZOLE/EXELDERM cream	Topical Antiinfective
SULFACETAMIDE 10%/BLEPH 10 Ophthalmic	Ophthalmic (eye)
SULFACETAMIDE/**KLARON topical liquid**	Acne Product
SULFACETAMIDE/**PLEXION topical, other**	Topical Antiinfective
SULFACET-R/NOVACET gel	**Topical Antiinfective**
SULFISOXAZOLE oral	**Antiinfective**
SULFISOXAZOLE/**GANTRISIN SUSP oral**	Antiinfective
SULFOXYL REGULAR topical liquid	**Acne Product**
SULINDAC/CLINORIL oral	NSAIDs
SUMATRIPTAN/**IMITREX nasal**, oral, or subcutaneous	Headache
SUMYCIN/TETRACYCLINE oral	**Antiinfective**
SUPRAMINE TAB/PHENTERMINE oral	**Weight Loss**
SURMONTIL /TRIMIPRAMINE oral	**Depression**
SUSTIVA/EFAVIRENZ oral	**HIV/AIDS**
SYMMETREL/AMANTADINE oral	**Movement Disorder**
SYNAGIS/PALIVIZUMAB intramuscular	**Antiviral**
SYNALGOS-DC oral	**Pain**
SYNAREL/NAFARELIN nasal	**Fertility**
SYNTHROID/LEVOTHYROXINE oral	**Thyroid**
TACRINE/COGNEX oral	Alzheimer's Disease
TACROLIMUS/**PROGRAF oral**	Immunosuppression
TACROLIMUS/**PROTOPIC ointment**	Topical Inflammation & Itching
TALACEN/PENTAZOCINE-APAP oral	**Pain**
TALWIN NX/PENTAZOCINE-NALOX oral	**Pain**
TAMBOCOR/FLECAINIDE oral	**Arrhythmias**
TAMIFLU/OSELTAMIVIR oral	**Antiviral**
TAMOXIFEN/**NOLVADEX oral**	Antineoplastic (anti-cancer)
TAMSULOSIN/FLOMAX oral, controlled-release	Genitourinary
TANAFED DMX_or DP oral	**Cough and Cold**
TAO/TROLEANDOMYCIN oral	**Antiinfective**
TAPAZOLE/METHIMAZOLE oral	**Thyroid**
TARGRETIN/BEXAROTENE oral	**Antineoplastic (anti-cancer)**
TARGRETIN/BEXAROTENE topical, other	**Dermatological**
TARKA oral, controlled-release	**Hypertension**
TAVIST 2.68MG/CLEMASTINE oral	**Allergy**
TAVIST SYRUP/CLEMASTINE oral	**Allergy**

TAZAROTENE/**TAZORAC cream**	Dermatological (for skin disorders)
TAZORAC/TAZAROTENE cream	**Dermatological**
TEGASEROD/ZELNORM oral	Intestinal Disorders
TEGRETOL (chew)/CARBAMAZEPINE oral, other	**Epilepsy**
TEGRETOL XR/CARBAMAZEPINE oral, controlled-release	**Epilepsy**
TEGRETOL/CARBAMAZEPINE oral	**Epilepsy**
TELMISARTAN/**MICARDIS oral**	Hypertension
TELMISARTAN-HCTZ/**MICARDIS HCT oral**	Hypertension
TEMAZEPAM/**RESTORIL oral**	Anxiety
TEMODAR/TEMOZOLOMIDE oral	**Antineoplastic (anti-cancer)**
TEMOVATE/CLOBETASOL cream**, ointment, or topical liquid**	**Topical Inflammation & Itching**
TEMOZOLOMIDE/**TEMODAR oral**	Antineoplastic (anti-cancer)
TENEX/GUANFACINE oral	**Hypertension**
TENOFOVIR DISOPR/VIREAD oral	HIV/AIDS
TENORETIC/ATENOLOL-CHLORTHALIDONE oral	**Hypertension**
TENORMIN/ATENOLOL oral	**Hypertension**
TEQUIN/GATIFLOXACIN oral	**Antiinfective**
TERAZOL 7/TERCONAZOLE vaginal	**Vaginal Product**
TERAZOSIN/**HYTRIN oral**	Hypertension
TERBINAFINE/**LAMISIL oral**	Fungal Infections
TERBUTALINE/BRETHINE oral	Asthma & COPD
TERCONAZOLE/**TERAZOL 7 vaginal**	Vaginal Product
TESSALON/BENZONATATE oral	**Cough and Cold**
TESTODERM/ANDRODERM patch	**Androgen/Hormone**
TESTOSTERONE/ ANDROGEL gel	Androgen/Hormone
TESTOSTERONE/DELATESTRYL/VIRILON-IM intramuscular	Androgen/Hormone
TETRACYCLINE/**SUMYCIN oral**	Antiinfective
TEVETEN/EPROSARTAN oral	**Hypertension**
THALIDOMIDE/**THALOMID oral**	Antiinfective
THALOMID/THALIDOMIDE oral	**Antiinfective**
THEO-24/THEOPHYLLINE oral, controlled-release	**Asthma & COPD**
THEO-DUR/THEOPHYLLINE SR oral, controlled-release	**Asthma & COPD**
THEOPHYLLINE SR/**THEO-DUR oral, controlled-release**	Asthma & COPD
THEOPHYLLINE/**SLO-BID CAPS oral, controlled-release**	Asthma & COPD
THEOPHYLLINE/**THEO-24/UNIPHYL oral, controlled-release**	Asthma & COPD
THIETHYLPERAZINE/**TORECAN oral**	Nausea & Vomiting
THIOLA/TIOPRONIN oral	**Genitourinary**
THIORIDAZINE/**MELLARIL oral**	Psychoses
THIOTHIXENE/**NAVANE oral**	Psychoses
THORAZINE /CHLORPROMAZINE oral	**Psychoses**
THYROGEN/THYROTROPIN intramuscular	**Diagnostic Products**
THYROID oral	**Thyroid**
THYROLAR-1/LIOTRIX oral	**Thyroid**
THYROTROPIN/**THYROGEN intramuscular**	Diagnostic Products
TIAGABINE/**GABITRIL oral**	Epilepsy
TIAZAC/DILTIAZEM oral, controlled-release	**Hypertension**
TICLOPIDINE HCL oral	**Hematological (blood)**
TIGAN SUPP/TRIMETHOBENZAMIDE rectal	**Nausea & Vomiting**
TIGAN/TRIMETHOBENZAMIDE oral	**Nausea & Vomiting**
TIKOSYN/DOFETILIDE oral	**Arrhythmias**
TILADE/NEDOCROMIL inhalation, MDI	**Asthma & COPD**
TIMOLOL/BETIMOL/TIMOPTIC Ophthalmic	Ophthalmic (eye)
TIMOLOL/BLOCADREN oral	Hypertension
TIMOPTIC/TIMOLOL Ophthalmic	**Ophthalmic (eye)**
TIMOPTIC-XE/TIMOLOL Ophthalmic	**Ophthalmic (eye)**
TIOPRONIN/**THIOLA oral**	Genitourinary
TIZANIDINE/ZANAFLEX oral	Skeletal Muscle Relaxants
TOBI/TOBRAMYCIN inhalation	**Antiinfective**
TOBRADEX Ophthalmic	**Ophthalmic (eye)**
TOBRAMYCIN/**TOBI inhalation**	Antiinfective
TOBRAMYCIN/**TOBREX DROPS or OINTMENT**	Ophthalmic (eye)

TOBREX DROPS/TOBRAMYCIN Ophthalmic	**Ophthalmic (eye)**
TOBREX EYE OINT/TOBRAMYCIN Ophthalmic	**Ophthalmic (eye)**
TOFRANIL/IMIPRAMINE oral	**Depression**
TOFRANIL-PM/IMIPRAMINE oral	**Depression**
TOLAZAMIDE/**TOLINASE oral**	Diabetes
TOLBUTAMIDE/**ORINASE oral**	Diabetes
TOLECTIN/TOLMETIN oral	**NSAIDs**
TOLINASE /TOLAZAMIDE oral	**Diabetes**
TOLMETIN/**TOLECTIN oral**	NSAIDs
TOLTERODINE/DETROL LA oral, controlled-release	Genitourinary
TOPAMAX/TOPIRAMATE oral	**Epilepsy**
TOPICORT/DESOXIMETASONE cream	**Topical Inflammation & Itching**
TOPIRAMATE/**TOPAMAX oral**	Epilepsy
TOPROL XL/METOPROLOL oral, controlled-release	**Hypertension**
TORADOL/KETOROLAC oral	**NSAIDs**
TORECAN/THIETHYLPERAZINE oral	**Nausea & Vomiting**
TORSEMIDE/DEMADEX oral	Hypertension
TRACLEER/BOSENTAN oral	**Miscellaneous Respiratory**
TRAMADOL-APAP/**ULTRACET oral**	Pain
TRANDATE/NORMODYNE/LABETALOL oral	**Hypertension**
TRANDOLAPRIL/**MAVIK oral**	Hypertension
TRANSDERM-SCOP patch	**Nausea & Vomiting**
TRANXENE/CLORAZEPATE oral	**Anxiety**
TRANYLCYPROMINE/**PARNATE oral**	Depression
TRAVATAN/TRAVOPROST Ophthalmic (eye)	**Ophthalmic (eye)**
TRAVOPROST/**TRAVATAN Ophthalmic**	Ophthalmic (eye)
TRAZODONE HCL/DESYREL oral	Depression
TRENTAL/PENTOXIFYLLINE oral, controlled-release	**Hematological (blood)**
TRETINOIN/**RENOVA cream**	Cosmetic Conditions
TRETINOIN/**RETIN A cream**	Acne Product
TRETINOIN/VESANOID oral	Antineoplastic (anti-cancer)
TREXALL/METHOTREXATE oral	**Antineoplastic (anti-cancer)**
TRIAMCINOLONE/ AZMACORT inhalation, MDI	Asthma & COPD
TRIAMCINOLONE/**KENALOG SPRAY topical, other**	Topical Inflammation & Itching
TRIAMCINOLONE/**KENALOG/ARISTOCORT cream**	Topical Inflammation & Itching
TRIAMCINOLONE/**NASACORT AQ nasal**	Allergy
TRIAMCINOLONE/**TRI-NASAL nasal**	Allergy
TRIAMTERENE DYRENIUM oral	Hypertension
TRIAMTERENE W HCTZ/DYAZIDE oral	Hypertension
TRIAMTERENE-HCTZ/**MAXZIDE oral**	Hypertension
TRIAZOLAM/**HALCION oral**	Anxiety
TRICHLORMETHIAZIDE/**NAQUA oral**	Hypertension
TRICOR/FENOFIBRATE oral	**Lipid Disorder/Cholesterol**
TRIDESILON/DESONIDE cream	**Topical Inflammation & Itching**
TRIFLUOPERAZINE/**STELAZINE oral**	Psychoses
TRIFLURIDINE/VIROPTIC Ophthalmic	Ophthalmic (eye)
TRIHEXYPHENIDYL/ ARTANE oral	Movement Disorder
TRILAFON/PERPHENAZINE oral	**Psychoses**
TRILEPTAL/OXCARBAZEPINE oral	**Epilepsy**
TRILISATE oral	**Pain**
TRIMETHOBENZAMIDE/**TIGAN oral**	Nausea & Vomiting
TRIMETHOBENZAMIDE/**TIGAN SUPP rectal**	Nausea & Vomiting
TRIMETHOPRIM/**PRIMSOL oral**	Antiinfective
TRIMETHOPRIM/**SEPTRA/BACTRIM/SULFAMETHOXAZOLE**	Antiinfective
TRIMETHOPRIM/**TRIMPEX oral**	Antiinfective
TRIMIPRAMINE/**SURMONTIL oral**	Depression
TRIMOX/AMOXICILLIN/AMOXIL oral	Antiinfective
TRIMPEX/TRIMETHOPRIM oral	**Antiinfective**
TRI-NASAL/TRIAMCINOLONE nasal	**Allergy**
TRIPHASIL/**NORDETTE/ALESSE oral**	Contraception
TRIPLE ANTIBIOTIC/**NEOSPORIN Ophthalmic**	Ophthalmic (eye)

TRIZIVIR oral	**HIV/AIDS**
TROLEANDOMYCIN/**TAO oral**	Antiinfective
TROPICAMIDE/**MYDRIACYL Ophthalmic**	Ophthalmic (eye)
TRUSOPT/DORZOLAMIDE Ophthalmic (eye)	**Ophthalmic (eye)**
TUSSEND SYRUP oral	**Cough and Cold**
TUSSIONEX liquid, controlled-release	**Cough and Cold**
TUSSI-ORGANIDIN oral	**Cough and Cold**
TYLENOL/APAP with CODEINE oral	**Pain**
TYLOX/OXYCODONE-APAP oral	**Pain**
TYMPAGESIC/OTOGESIC perfusion	**Otic (ear)**
ULTRACET/TRAMADOL-APAP oral	**Pain**
ULTRAM/TRAMADOL oral	**Pain**
ULTRAVATE/HALOBETASOL cream **or ointment**	**Topical Inflammation & Itching**
UNIPHYL/THEOPHYLLINE oral, controlled-release	**Asthma & COPD**
UNIRETIC/MOEXIPRIL-HCTZ oral	**Hypertension**
UNIVASC/MOEXIPRIL oral	**Hypertension**
UNOPROSTONE/**RESCULA Ophthalmic**	Ophthalmic (eye)
URECHOLINE/BETHANECHOL oral	**Miscellaneous GI Agents**
URIMAX oral, controlled-release	**Antiinfective**
URISPAS/FLAVOXATE oral	**Genitourinary**
UROCIT-K/POTASSIUM CITRATE oral, controlled-release	**Genitourinary**
UROQID-ACID NO.2 oral	**Genitourinary**
URSO/URSODIOL oral	**Digestion**
URSODIOL/ACTIGALL/URSO oral	Digestion
VAGIFEM/ESTRADIOL vaginal	**Vaginal Product**
VALACYCLOVIR/VALTREX oral	Antiviral
VALCYTE/VALGANCICLOVIR oral	**Antiviral**
VALDECOXIB/BEXTRA oral	NSAIDs
VALGANCICLOVIR/VALCYTE oral	Antiviral
VALISONE LOT/BETAMETHASONE topical liquid	**Topical Inflammation & Itching**
VALIUM/DIAZEPAM oral	**Anxiety**
VALPROIC ACID/DEPAKENE oral	Epilepsy
VALSARTAN-HCTZ/DIOVAN HCT oral	Hypertension
VALTREX/VALACYCLOVIR oral	**Antiviral**
VANCENASE/BECLOMETHASONE nasal	**Allergy**
VANCOCIN/VANCOMYCIN oral	**Antiinfective**
VANCOMYCIN/VANCOCIN oral	Antiinfective
VANEX FORTE-D oral, controlled-release	**Cough and Cold**
VANOXIDE-HC topical liquid	**Topical Inflammation & Itching**
VANTIN/CEFPODOXIME oral	**Antiinfective**
VAQTA/HEPATITIS A VACCINE intramuscular	**Immunity**
VASCOR/BEPRIDIL oral	**Hypertension**
VASERETIC/ENALAPRIL-HCTZ oral	**Hypertension**
VASOCIDIN/PREDNIS-SULFACET Ophthalmic (eye)	**Ophthalmic (eye)**
VASOCON/NAPHAZOLINE Ophthalmic (eye)	**Ophthalmic (eye)**
VASOTEC/ENALAPRIL oral	**Hypertension**
VELOSULIN HUMAN BR injection	**Diabetes**
VENLAFAXINE/EFFEXOR XR oral, controlled-release	Depression
VENTOLIN/PROVENTIL/ALBUTEROL oral	**Asthma & COPD**
VERAPAMIL/CALAN/ISOPTIN/VERELAN PM oral, CR	Hypertension
VERELAN PM/VERAPAMIL oral, controlled-release	**Hypertension**
VERMOX/MEBENDAZOLE oral, other	**Anti-parasitic**
VESANOID/TRETINOIN oral	**Antineoplastic (anti-cancer)**
VEXOL/RIMEXOLONE Ophthalmic (eye)	**Ophthalmic (eye)**
VFEND/VORICONAZOLE oral	**Fungal Infections**
VIAGRA/SILDENAFIL oral	**Genitourinary**
VIBRAMYCIN/DOXYCYCLINE oral	**Antiinfective**
VIBRA-TABS/DOXYCYLINE oral	**Antiinfective**
VICODIN/LORTAB/HYDROCODONE oral	**Pain**

VICOPROFEN/HYDROCODONE-IBUPROFEN oral	**Pain**
VI-DAYLIN/POLY VITS oral, other	**Vitamins**
VIDEX EC /DIDANOSINE oral, controlled-release	**HIV/AIDS**
VIOXX /ROFECOXIB oral	**NSAIDs**
VIQUIN FORTE cream	**Skin Pigment (color) Agent**
VIRACEPT/NELFINAVIR oral	**HIV/AIDS**
VIRAMUNE/NEVIRAPINE oral	**HIV/AIDS**
VIREAD/TENOFOVIR DISOPR oral	**HIV/AIDS**
VIRILON-IM/TESTOSTERONE intramuscular	**Androgen/Hormone**
VIROPTIC/TRIFLURIDINE Ophthalmic (eye)	**Ophthalmic (eye)**
VISICOL oral	**Laxative**
VISKEN/PINDOLOL oral	**Hypertension**
VISTARIL/HYDROXYZINE oral	**Allergy**
VITACARN/LEVOCARNITINE oral	**Metabolic Disorders**
VITAFOL oral	**Minerals-Electrolytes**
VITAMIN B-12 (CYANOCOBALAMIN) injection	**Hematopoietics**
VIVACTIL/PROTRIPTYLINE oral	**Depression**
VIVOTIF BERNA oral, controlled-release	**Immunity**
VOLMAX/ALBUTEROL oral, controlled-release	**Asthma & COPD**
VOLTAREN/DICLOFENAC enteric-coated	**NSAIDs**
VOLTAREN/DICLOFENAC Ophthalmic (eye)	**Ophthalmic (eye)**
VOLTAREN-XR/DICLOFENAC oral, controlled-release	**NSAIDs**
VORICONAZOLE/VFEND oral	Fungal Infections
VOSOL HC perfusion	**Otic (ear)**
VOSOL/ACETIC ACID Otic (ear)	**Otic (ear)**
VYTONE cream	**Topical Antiinfective**
WARFARIN/COUMADIN oral	**Anticoagulant (blood thinner)**
WELCHOL/COLESEVELAM oral	**Lipid Disorder/Cholesterol**
WELLBUTRIN SR/BUPROPION oral, controlled-release	**Depression**
WELLBUTRIN/BUPROPION oral	**Depression**
WESTCORT/HYDROCORTISONE VALERATE cream	**Topical Inflammation & Itching**
WINSTROL/STANOZOLOL oral	**Androgen/Hormone**
WYGESIC/PROPOXYPHENE-APAP oral	**Pain**
WYTENSIN/GUANABENZ oral	**Hypertension**
XALATAN/LATANOPROST Ophthalmic (eye)	**Opthalmic (eye)**
XANAX/ALPRAZOLAM oral	**Anxiety**
XELODA/CAPECITABINE oral	**Antineoplastic (anti-cancer)**
XENADERM ointment	**Dermatological**
XENICAL/ORLISTAT oral	**Weight Loss**
XOPENEX/LEVALBUTEROL inhalation	**Asthma & COPD**
XYLOCAINE/LIDOCAINE mucous membrane	**Mouth-Throat: Local**
XYREM/SODIUM OXYBATE oral	**ADHD/Stimulant**
YASMIN 28 oral	**Contraception**
YOCON/YOHIMBINE oral	**Genitourinary**
YODOXIN/IODOQUINOL oral	**Amebicides**
YOHIMBINE/YOCON oral	Genitourinary
ZADITOR/KETOTIFEN Ophthalmic	**Ophthalmic (eye)**
ZAFIRLUKAST/ACCOLATE oral	Asthma & COPD
ZALEPLON/**SONATA oral**	Anxiety
ZANAFLEX/TIZANIDINE oral	**Skeletal Muscle Relaxants**
ZANAMIVIR/**RELENZA inhalation, MDI**	Antiviral
ZANTAC/RANITIDINE oral	**Ulcers/GERD**
ZARONTIN/ETHOSUXIMIDE oral	**Epilepsy**
ZAROXOLYN/**MYKROX oral**	Hypertension
ZEBETA/BISOPROLOL oral	**Hypertension**
ZELNORM/TEGASEROD oral	**Intestinal Disorders**
ZEMPLAR/PARICALCITOL irrigation	**Vitamins**

ZEPHREX LA/ENTEX PSE oral, controlled-release	Cough and Cold
ZERIT/STAVUDINE oral	**HIV/AIDS**
ZETIA/EZETIMIBE oral	**Lipid Disorder/Cholesterol**
ZIAC/BISOPROLOL with HCTZ oral	**Hypertension**
ZIAGEN /ABACAVIR oral	**HIV/AIDS**
ZIDOVUDINE/**RETROVIR oral**	HIV/AIDS
ZILEUTON/ZYFLO oral	Asthma & COPD
ZIPRASIDONE/**GEODON oral**	Psychoses
ZITHROMAX/AZITHROMYCIN oral	**Antiinfective**
ZOCOR/SIMVASTATIN oral	**Lipid Disorder/Cholesterol**
ZOFRAN oral	**Nausea & Vomiting**
ZOLMITRIPTAN/ZOMIG oral	Headache
ZOLOFT /SERTRALINE oral	**Depression**
ZOLPIDEM/ AMBIEN oral	Anxiety
ZOMIG/ZOLMITRIPTAN oral	**Headache**
ZONE-A topical liquid	**Dermatological**
ZONEGRAN/ZONISAMIDE oral	**Epilepsy**
ZONISAMIDE/ZONEGRAN oral	Epilepsy
ZOTO-HC perfusion	**Otic (ear)**
ZOVIA/DEMULEN oral	Contraception
ZOVIRAX/ACYCLOVIR ointment	**Topical Antiinfective**
ZOVIRAX/ACYCLOVIR oral	**Antiviral**
ZTUSS oral	**Cough and Cold**
ZYFLO/ZILEUTON oral	**Asthma & COPD**
ZYLOPRIM/ALLOPURINOL oral	**Gout**
ZYPREXA/OLANZAPINE oral	**Psychoses**
ZYRTEC/CETIRIZINE oral	**Allergy**
ZYRTEC-D oral, controlled-release	**Allergy**
ZYVOX/LINEZOLID oral	**Antiinfective**