

MEDICATION RECORD

Last Name _____ Init. ____ First Name: _____
 DOB: _____ Date of Enrollment: _____
 Month: _____ Year: _____

Rx MEDICATIONS	Rx #1	Rx #2	Rx#3	Rx#4
Name of medication				
Med dosage ordered by MD				
Number of pill, tsbp., etc. to be given				
Date Start				
Date end				
Physician authorizing				
Staff person transcribing order				
Date discontinued				

Instructions: Initial in appropriately dated block when medication is given. Record the actual time medication is given if different from time indicated above under dosage. **If unable to administer medicine, enter and circle the appropriate disposition code below.**

Name of Rx	Hour given	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Name of Rx	Hour given	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

DISPOSITION CODE:

- | | |
|-----------------------------|---------------|
| A = Away from program | R = Refused |
| NMA = No Medicine available | D = Destroyed |
| O = Other | |