MEDICATION LOG

Resident's Full Name		Case Number	Home Number
Attending Physician	**Phone Number**	**Admission Date**	**Current Date**
Allergies	**Diet**		

STAFF'S SIGNATURES AND INSTRUCTIONS ON REVERSE SIDE

Medication	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Count																															
	Count																															
	Count																															
	Count																															
	Count																															
	Count																															

	Initials	Staff Signatures verifying that the above amounts were picked up on this date by DDSD staff.		Initials	Staff Signatures
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		

PRN MEDICATION LOG

Date	Hour	Medication and Dosage	Route	Reason	Result or Response	Hour	Signature

Note: DC = Discontinued Medication

R = Refused

H = Held at Doctor's Request

A = Service Recipient out of Home

O = Service Recipient out of Medication

W = Resident at Work