

Medication Record

Patient			Doctor	Doctor		
Taken Today	Medication		Dosage	Free	quency	
					_X 🗖 Daily 🗖 Weekly	
					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
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					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
					_X □ Daily □ Weekly	
Patient's /Caregivers initials				Staff signature /Date		
□ No changes f	rom above list – resume	C	Medication cations as directed by you	ur provider.		
New Prescriptions/Medications		Dosage	Reason For Ta		Notes	
				<i>6</i>	☐ Instructions Given	
					☐ Instructions Given	
					☐ Instructions Given	
					☐ Instructions Given	
					☐ Instructions Given	
					☐ Instructions Given	
					☐ Instructions Given	
	Patient's /Caregivers ini	tials			Staff signature /Date	