[Insert organisation name/logo]

# CLIENT MEDICATION RECORD

***Note\****

*All client medication assistance templates should be reviewed by qualified medical personnel before finalising.*

*\*Please delete note before finalising this template.*

This form is used to record all client prescribed non – PRN medications. Only staff authorised to administer medications are to complete this form, see the Medication Assistance Authorisation Sheet for more information.

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| **Client name** |  | **Client ID** |  |

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| **Known allergies** |
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| **Medication #1 :** |  | | |
| **Strength:** |  | **Dose:** |  |
| **Route of medication assistance:** |  | **Timing:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Time** | **Staff Signature** | **Client Signature** | **Time** | **Staff Signature** | **Client Signature** | **Time** | **Staff Signature** | **Client Signature** | **Time** | **Staff Signature** | **Client Signature** | |
| **MON** |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **TUES** |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **WED** |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **THURS** |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **FRI** |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| **SAT** |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| **SUN** |  |  |  |  |  |  |  |  |  |  |  |  | |  |

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| **Medication #2 :** | | | |  | | | | | | | | | | | | |
| **Strength:** | | | |  | | | | | **Dose:** | |  | | | | | |
| **Route of medication assistance:** | | | |  | | | | | **Timing:** | |  | | | | | |
|  | **Date** | **Time** | **Staff Signature** | | **Client Signature** | **Time** | **Staff Signature** | **Client Signature** | | **Time** | **Staff Signature** | **Client Signature** | **Time** | **Staff Signature** | **Client Signature** | |
| **MON** |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |
| **TUES** |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |
| **WED** |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |
| **THURS** |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |
| **FRI** |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |
| **SAT** |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |
| **SUN** |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |

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| **Medication #3 :** | | | |  | | | | | | | | | | | | |
| **Strength:** | | | |  | | | | | **Dose:** | |  | | | | | |
| **Route of medication assistance:** | | | |  | | | | | **Timing:** | |  | | | | | |
|  | **Date** | **Time** | **Staff Signature** | | **Client Signature** | **Time** | **Staff Signature** | **Client Signature** | | **Time** | **Staff Signature** | **Client Signature** | **Time** | **Staff Signature** | **Client Signature** | |
| **MON** |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |
| **TUES** |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |
| **WED** |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |
| **THURS** |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |
| **FRI** |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |
| **SAT** |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |
| **SUN** |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |