

Calgary Progressive Lifestyles Foundation

Medication Report

MEDICATION RECORD FOR: _____

MONTH/YEAR: _____

Please circle the day and time if there are any problems or anything out of the ordinary occurs. Then explain it on the back of this sheet.

Medication Key- I: Independent V: Verbal Cue H: Hand over Hand P: Packed for out of House R: Medication Refused D: Dependent

MEDICATION	TIME	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
Med:																																
Dose: Frequency:	Initial																															
Route: Dr. Name:																																
Reason for taking:	Initial																															
Med:																																
Dose: Frequency:	Initial																															
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Dose: Frequency:	Initial																															
Route: Dr. Name:																																
Reason for taking:	initial																															

Pharmacy Name: _____ Telephone: _____ Allergies: _____
 Staff administering: () _____, () _____, () _____, () _____, () _____,
 Initial & Sign () _____, () _____, () _____.