Medication Log - Monthly

Person Served:

Month:

***Instructions for Chart***:

Known Medication Allergies:

Attach medication sheet/label from Blister Pack to Medication Log

Note (legibly) all additional medications in left hand column and write in the time of day medication given Initial on the appropriate day/time person served took medication (as witnessed by you)

Request person served initial or check mark appropriate day/time when medication taken but not witnessed by you Circle date if person served refused to take medication (document in Narrative notes)

Note any unanticipated reactions/results related to the administering of medication (if emergency, immediately contact Greystoke office; document in Narrative notes)

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| **MEDICATIONS** | **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** |
| **Blister Pack** | Morning |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Afternoon |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Evening |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Additional** (includes PRN’s) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Medication Log-monthly