

Medication Log - Monthly

Month:

Person Served:

Instructions for Chart:

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)

Known Medication Allergies:

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																																		
	Afternoon																																		
	Evening																																		
	Bed																																		
Additional (includes PRN's)																																			