

MEDICATION ADMINISTRATION FOR: _____ (client's name) MONTH & YEAR: _____

Medication				Dosage			Strength				Time Given				Description																			
Day				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
"X" = Medication given.				"NG" = Medication not given. List reason (i.e. client refused, medication given during home visit, etc) in comment section.																														
Day				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
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Comments (i.e. Trazadone discontinued per Dr. Brown on 7/16/08, client refused medication on 7/25/08):																																		

Completed By: _____

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