

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	
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	
Day																															
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Day																															
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Day																															
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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	
Comments (i.e. Trazadone discontinued per Dr. Brown on 7/16/08, client refused medication on 7/25/08): 																															

Completed By: _____

Page _____ of _____