

[insert organisation name/logo]

## Personal Medication Summary

Consumer Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

Known Allergies

Medication Review	
Last carried out:	Next review due:

Summary of Prescribed Medications						
Name of Medication	Prescribed by	Dose	Timing	Route	Start date	Due to finish

PRN Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, see Medication Chart - PRN</i>
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Medical Practitioner				
Name of Doctor	Specialty	Contact No.	Date of last appointment	Date of next appointment

## PRN Medication Summary

Consumer Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor: \_\_\_\_\_

Medication	
Medication name:	Strength:
Specific dose:	Minimum number of hours between doses:
Maximum number of doses in 24 hours:	
Procedure for administration:	
Specific indicators for initial dose:	
Specific indicators for further dose:	
Circumstances under which the doctor should be contacted:	
PRN Valid: From _____ To _____	

Signature of doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Contact details of doctor: \_\_\_\_\_

This is taken from the NADA Client Medication Summary

[http://www.nada.org.au/index.php?option=com\\_content&task=view&id=236&Itemid=44](http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44) Accessed 7<sup>th</sup> October 2011.