

[insert organisation name/logo]

Personal Medication Record

Consumer Name: _____ Consumer ID #: _____

[Name of Medication]					[dose]		[timing]		
	Date	Time	Staff & Consumer	Time	Staff & Consumer	Time	Staff & Consumer	Time	Staff & Consumer
MON									
TUE									
WED									
THUR									
FRI									
SAT									
SUN									

[Name of Medication]					[dose]		[timing]		
	Date	Time	Staff & Consumer	Time	Staff & Consumer	Time	Staff & Consumer	Time	Staff & Consumer
MON									
TUE									
WED									
THUR									
FRI									
SAT									
SUN									

[Name of Medication]					[dose]		[timing]		
	Date	Time	Staff & Consumer	Time	Staff & Consumer	Time	Staff & Consumer	Time	Staff & Consumer
MON									
TUE									
WED									
THUR									
FRI									
SAT									
SUN									

[Name of Medication]					[dose]		[timing]		
	Date	Time	Staff & Consumer	Time	Staff & Consumer	Time	Staff & Consumer	Time	Staff & Consumer
MON									
TUE									
WED									
THUR									
FRI									
SAT									
SUN									

[insert organisation name/logo]

PRN Medication Record

Consumer Name: _____ Consumer ID #: _____

[Name of Medication]	[dose]	[timing]
Indicators:		Max dose in 24hrs:

Date	Indicators	Time	Dose	Cumulative Dose (24hrs)	Effect	Staff & Consumer

This is taken from the NADA Client Medication Record
http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44 Accessed 7th October 2011.