

Medication Administration Record (MAR)

Name:	DOB:	GP:	Allergies:									
Care home:		NHS number (if known)				Start Date:		Chart ____ of ____				
Room number:		Week 1		Week 2		Week 3		Week 4				
Medication Details		Date Time										
Bal												
Prep'd by:	Date:	Chkd by:	Date:	C/F:	Qu Rec'd:	Sig:	Date:	Qu returned:	Sig:	Date:	Reordered date:	Sig:
Bal												
Prep'd by:	Date:	Chkd by:	Date:	C/F:	Qu Rec'd:	Sig:	Date:	Qu returned:	Sig:	Date:	Reordered date:	Sig:
Bal												
Prep'd by:	Date:	Chkd by:	Date:	C/F:	Qu Rec'd:	Sig:	Date:	Qu returned:	Sig:	Date:	Reordered date:	Sig:
Bal												
Prep'd by:	Date:	Chkd by:	Date:	C/F:	Qu Rec'd:	Sig:	Date:	Qu returned:	Sig:	Date:	Reordered date:	Sig:
Bal												
Prep'd by:	Date:	Chkd by:	Date:	C/F:	Qu Rec'd:	Sig:	Date:	Qu returned:	Sig:	Date:	Reordered date:	Sig:

1 - Absent 2 - Nausea/vomiting 3 – in hospital 4 - Refused 5= Other (please define in notes on reverse)

Document uncontrolled when printed or downloaded. Any changes to the document are the responsibility of the person making them. Current version available on the [Harrogate and Rural District CCG Safe handling of medicines in social care website](#). Ver 4 KRL(NY&AWCMMT)

Notes**Person's Name** _____

Date	Time	Details	Actions taken	Signature