Client medication in chart

**Client name**………………………………………………………………………. **D.O.A** ………………………….………………… **Room no**…………………………………………………….

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Prescription only medication** | | | | | | | |
| Name of product (brand name) i.e. Nurofen  Generic name i.e. Ibuprofen |  |  |  |  |  |  |  |
| Dosage & Strength and quantity |  |  |  |  |  |  |  |
| Staff initials |  |  |  |  |  |  |  |

\*NB Don’t forget to check if the patient’s name matches the pharmacy label\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over-The-Counter medication** | | | | |
| Name of product |  |  |  |  |
| Strength and dosage and quantity |  |  |  |  |
| Staff initials |  |  |  |  |

**Client agrees above information is accurate signature** ……………………………… **Staff signature**………………………………………………………………………………………