GREYSTOKE
Homes & Support Services Inc.

Medication Log Monthly

Month:

Person Served:

Known Medication Allergies:

Instructions for Chart:

Attach medication sheet/label from Blister Pack to Medication Log
Note (legibly) all additional medications in left hand column and write in the time of day medication given
Initial on the appropriate day/time person served took medication (as witnessed by you)
Request person served initial or check mark appropriate day/time when medication taken but not witnessed by you
Circle date if person served refused to take medication (document in Narrative notes)
Note any unanticipated reactions/results related to the administering of medication (if emergency, immediately contact Greystoke office; document in Narrative notes)

MEDICATIONS	TIME	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
Blister Pack	Morning																															
	Afternoon																															
	Evening																															
	Bed																															
Additional (includes PRN's)																																