

# MEDICATION ADMINISTRATION RECORD

Name:			Start date:						End date:								
D.O.B.			Doctor:														
Known allergies																	
Address:																	
Medication details	Week commencing																
	DAY																
	TIME	DOSE	Adm	WT	Adm	WT	Adm	WT	Adm	WT	Adm	WT	Adm	WT	Adm	WT	
	Received		Returned				Returned by										
	Received		Returned				Returned by										

Codes to be used:    R – Refused    T – Taken    NT – Not taken    Adm – Administrate by    WT – Witness by    C – Hospitalised    D – Social leave  
                                 E – Refused and destroyed    P – Prompt    NR – Not required    M – Made available