

Green Mountain Support Services - Medication Administration Record

Controlled Substances are Identified with * Symbol / When administering PRNs or additional descriptions are needed please circle initials.

Important: PRN Psychotropic medication administration requires a PRN Psychotropic Medication Incident Report be completed.

Individual: _____ DOB: _____ Month/ Year: _____
Service Coordinator: _____ Allergies: _____

	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
Medication:																																
Strength:																																
Dose:																																
Route:																																
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Print Name	Signature	Initials	Print Name	Signature	Initials

Reviewed by Service Coordinator (signature) _____ Review Date: _____

Green Mountain Support Services
Back of MAR: Please document as appropriate

[illegible][illegible]

Green Mountain Support Services - *Controlled Substance Count Record

(+) Please note: Disposal of a *Controlled Substance requires a witness and disposal sheet

Individual:

DOB:

Month/ Year:

Service Coordinator:

Allergies:

*Medication/Strength:	Date																														
	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
Amount of Med Administered																															
Pharm Refill amt / Prev Month amt																															
Amount of Med Disposed (+)																															
Total Amount of Medication																															
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Date / Notes	Initials	Date / Notes	Initials

Reviewed by Service Coordinator (signature)_____ Review Date:_____