**Medication Log**

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Medication | Route | Dosage/Frequency | Special Instructions |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
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| **Medication** | **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 |
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|  |  | 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 |

**Initial daily when dose is given Key:**

**A = Absent DP = Day Program R = Refused**

**Provider Initials and Signatures Legend**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Initials | Signature | Initials | Signature | **Member’s Allergies:** |
|  |  |  |  |  |
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**When an error is identified:**

1. **Provider will circle the error**
2. **Provider will document the error on the back side of the log.**

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| D.D.D. Support Coordinator Info: |
| Name: |
| Office: |

|  |  |
| --- | --- |
| **Medication Log Review** | **Signature: Date:** |

**Error Documentation:**

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| --- | --- | --- |
| **Date** | **Description of Error and Action taken** | **Staff****Initials** |
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