

Options

Medication Inventory

Instructions: All medications must be counted daily, or on dates of service for those not receiving daily support. Please note any known reasons for deviation, including customer out of service, dropped meds, etc.

Customer: _____ Month: _____

Medication: _____ Dosage: _____

Date Filled: _____ # Received: _____

	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
Count																															
Initials																															

Comments: _____

Medication: _____ Dosage: _____

Date Filled: _____ # Received: _____

	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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Initials																															

Comments: _____

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Count																															
Initials																															

Comments: _____

Reviewed by: _____ Date: _____
 (Service Coordinator)

Reviewed by: _____ Date: _____
 (Assistant Director of Services)

Distribution: Maintain two months in customer resource book in setting; original to main file

Rev. 6/02/06