Government of Saskatchewan

Regional Health Authority _____

Medication Record
(Home Care)

Client: _____
Surname Given names

Address: _____

Drug allergies and type of reaction: _____

List all medications, prescriptions and nonprescription, being taken by client:

Date started	Medication	Dosage and frequency	Ordered by	Date discontinued	Comments

continued on reverse side

Medication Record (continued)

Date started	Medication	Dosage and frequency	Ordered by	Date discontinued	Comments