



## ADH/CDH Medication Log

Member Name: \_\_\_\_\_

Month \_\_\_\_\_

Year: \_\_\_\_\_

Medication	Route	Dosage/Frequency	Special Instructions
1.			
2.			
3.			
4.			

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
		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:

**When an error is identified:**

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

<b>Medication Log Review</b>	Signature: _____	Date: _____
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D.D.D. Support Coordinator Info:	
Name:	_____
Office:	_____

