

Abbreviations for when medicine not administered.
 Code must be circled.

- W** Withheld (clinical reason)
- S** Self administered
- R** Reused (notify prescriber)
- N** Not available
- A** Absent

Special instructions (if applicable):

 UR number (if known):
 Surname:
 Given name:
 Home address:
 Sex:
 D.O.B: Weight (if required):

Allergies and Adverse Drug Reactions (ADR)
 Nil Known Unknown (tick appropriate box or complete details below)

Medicine (or other)	Reaction / type / date	Initials

Sign: Print: Date:

 Date:
 Drs signature:
 Print name:
 Contact number:

IV Access details (if application): PICC Yes No Date of last Dressing:/...../..... **Portacath/Infusaport:** Yes No Needle size: **Peripheral Cannula:** Yes No

Medicines required to be administered (Prescriber must enter administration times)

Year 20

Medicines required to be administered (Prescriber must enter administration times)			Record of drug administration																								
Date	Medicine (print generic name)	Tick if Slow Release	Date	Admin time																							
Year 20																											
Date	Medicine (print generic name)	Tick if Slow Release	Last dose given prior to transfer (Date/Time):																								
Route	Dose	Frequency																									
Indication																											
Commence date		Cease date																									
Prescriber signature		Print your name																									

Date	Medicine (print generic name)	Tick if Slow Release	Last dose given prior to transfer (Date/Time):																							
Route	Dose	Frequency																								
Indication																										
Commence date		Cease date																								
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Indication																										
Commence date		Cease date																								
Prescriber signature		Print your name																								

For hospital referrers and general practitioners, please return completed Medication Charts to Amplar Home Health either via fax at 1800 854 611 or email to home@amplarhealth.com.au