amplar health

Medication Chart

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Phone: **1800 854 300** Fax: **1800 854 611** Email: **home@amplarhealth.com.au**

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: .....

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):

.....

.....

.....

.....

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.....

Record of drug administration

Date / Admin time

Date | Medicine (print generic name) | Tick if Slow Release

Route | Dose | Frequency

Indication

Commence date | Cease date

Prescriber signature | Print your name

Last dose given prior to transfer (Date/Time):

Date | Medicine (print generic name) | Tick if Slow Release

Route | Dose | Frequency

Indication

Commence date | Cease date

Prescriber signature | Print your name

Last dose given prior to transfer (Date/Time):

Date | Medicine (print generic name) | Tick if Slow Release

Route | Dose | Frequency

Indication

Commence date | Cease date

Prescriber signature | Print your name

Last dose given prior to transfer (Date/Time):

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

Amplar Home Health Pty Ltd (ABN 59 008 193 100)

Amplar Home Health Medication Chart V1.0 adapted from the National Inpatient Medication Chart (NIMC) AMP00091-0926