CONSUMER DIRECT CARE NETWORK

MEDICATION LOG

Client Name: _____ Sunday that started your work week: ____/____/____

INFORMATION ABOUT THIS DOCUMENT

If you provide assistance with medication-related tasks to your client during your work week, you must complete this form and submit it with your timesheet(s). Please keep in mind that you may not provide assistance with medication-related tasks to your client unless you have been trained by CDCN and received authorization from the agency.

You may use this form to document medication-related tasks provided under multiple service types. For example, if you provide personal care services on Monday and habilitative services on Tuesday, you may use one *Medication Log* to document that care, rather than submitting one *Medication Log* for each service type.

Instructions: Complete the boxes below for each medication type. Use additional logs as necessary. **If your client declines or refuses to take a regularly scheduled medication, you must enter that information in your log using the letter R and the time of refusal, as shown in the example below (Wednesday), then make a note about the refusal on the back of the log.**

Medication	Route	Dosage	Enter the time each dose was provided in the corresponding daily box below.						
			S	M	T	W	T	F	S
Example: Lisinopril	Oral	20mg	10:30a	10:20a 6:30p	10:45a	10:30a R6:30p	10:30a	10:15a 6:30p	10:45a

Employee Name _____ Signature _____ Date _____

For the week of service, this form is due the following Monday by midnight.

The written delegation authorizing the above-documented assistance is maintained on file by CDCN if/as applicable.