

Ardmore Enterprises, Inc.

MONTHLY MEDICATION CHECKLIST

House: _____

Meds for month of: _____ Date arrived in house: _____

When next month's medications arrive at the house, please check them immediately for any errors. Communicate any errors to the nurse immediately, so they can be corrected prior to the first of the month. The staff member completing the check must fill out this form and return it to the Program Coordinator as soon as possible. Remember: YOU are responsible to ensure at least 5 days worth of medications are in the house at all times!

Place each resident's initials in block #1 – 4. Review all instructions. Place a checkmark if OK. If not, write in "comments" below. Fax or bring to office next day.

	#1	#2	#3	#4
All current meds are on new PMOF				
All doses correct on new PMOF				
All med times correct on new PMOF				
All medications present for all times				
All medications present for weekends				
No blisters empty if they shouldn't be				
There are enough topical meds left				
PRN meds are all available & not yet expired.				

Comments: _____

Completed by

Date