

Resident: _____ Date: _____

Initial visit: _____ Review: _____ Aims: _____ Other: _____

MEDICATION ORDER

(Write the number of the medications to be affected)

No change: _____
New or added med: _____
Med discontinued: _____
Med increased: _____
Med decreased: _____

	1	2	3	4	5
Medication					
Dosage					
# Ordered					
Times taken					
How taken					
Taken for					
Stop date					
Side effects					

Medications are prescribed at the lowest effective dose, they are discussed with the client and/or care provider. It is agreed that the benefits outweigh the risks. Medications are to be evaluated at each visit for efficacy, side effects, and are adjusted accordingly.

PROGRESS NOTE

LABORATORY/TEST/OTHER PROCEDURE ORDERED

STATEMENT OF MEDICAL NECESSITY FOR LABWORK

Physician printed name: _____ Physician signature: _____

Next appt: _____ Time: _____

Address/phone: _____