Medication Log and Medication Log Addendum

Data Field	Identifying Information
Organization and Program Name	Record the names of the Organization and the Program if applicable
Individual's Name	Record the first name, last name, and middle initial of the Individual being served. Order of name is at agency discretion.
Record #	Record your agency's established Record number for the Individual.
Date of Birth	Record the date of birth of the Individual. **(e.g. MM/DD/YYYY)**
Medication	Record the name of the medication**.**
Status	Check appropriate box for New, Continue or Discontinued.
Rationale/ Reason for Change	Document rationale for change in medication if applicable.
Dosage/Route/Frequency	Document dosage, route of administrations and frequency of dose.
Amount / refills	Document how many pills were prescribed and how many refills were given, if applicable.
Weight	Document individual's weight.
Lab/Health Monitoring Results	Document any lab / health monitoring results that were requested by prescriber.
MD / NPP Signature	Legible signature of prescriber.