[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Patient medication record

A single, complete record of a patient's current and past medicines - for safe dispensing, reviews and handover.

Patient details

Patient name: _____

Date of birth: _____

Contact number: _____

Address: _____

Known allergies: _____

Key conditions: _____

Record started: _____

Last reviewed: _____

Current medicines

Medicine and strength	Dose and frequency	Started	Prescriber	Status
[Medicine name, strength]	[e.g. one tablet daily]	[Date]	[Prescriber]	[Active]
[Medicine name, strength]	[e.g. 5mg twice daily]	[Date]	[Prescriber]	[Active]
[Medicine name, strength]	[e.g. as needed]	[Date]	[Prescriber]	[Active]

Discontinued medicines

Medicine and strength	Stopped	Reason
[Medicine name, strength]	[Date]	[Reason, e.g. side effects / course complete]
[Medicine name, strength]	[Date]	[Reason]

Notes [Adherence notes, interactions checked, referrals made, or other clinical notes.]

Sign-off

Recorded by: _____ **Role:** _____ **Date:** _____