## Appendix 6 – Patient Record of Self-Administration of Medicines

***Information for the patient:***

After you have taken your regular medicine, tick beside the medicine and time on the record chart.

Use your Medicines Information Card to help you.

As required medicines should be recorded on page 2.

If you have any problems or need help please ask your nurse/midwife or pharmacist.

Ward:

Date:

Prepared by:

Patient Name:

CHI number:

Date of Birth:

Addressograph

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| --- | --- |
| **Regular Medicine** | **Date and Time Medicines are Taken** |
| Date: | Date:  | Date: | Date: | Date: | Date: | Date: |
| **Breakfast** | **Lunch** | **Dinner** | **Bedtime** | **Breakfast** | **Lunch** | **Dinner** | **Bedtime** | **Breakfast** | **Lunch** | **Dinner** | **Bedtime** | **Breakfast** | **Lunch** | **Dinner** | **Bedtime** | **Breakfast** | **Lunch** | **Dinner** | **Bedtime** | **Breakfast** | **Lunch** | **Dinner** | **Bedtime** | **Breakfast** | **Lunch** | **Dinner** | **Bedtime** |
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**\**Healthcare Staff***: Enter P in box if patient was prompted to take dose

***Information for the patient:***

After you have taken your regular medicine, tick beside the medicine and time on the record chart.

Use your Medicines Information Card to help you.

As required medicines should be recorded on page 2.

If you have any problems or need help please ask your nurse/midwife or pharmacist.

Patient Name:

CHI number:

Date of Birth:

Addressograph

Ward:

Date:

Prepared by:

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| **As Required Medicine** | **Date and Time** | **Date and Time** | **Date and Time** | **Date and Time** | **Date and Time** | **Date and Time** | **Date and Time** | **Date and Time** | **Date and Time** | **Date and Time** | **Date and Time** | **Date and Time** | **Date and Time** | **Date and Time** |
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