

# **ADH/CDH Medication Log**

Member Name:												_		Ν	1ont	h:				_	Ye	ar:										
Medication									Route Dosage/Frequency Special Instructions																							
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4.																																
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Initials	Sign	ature	;							ini	tials		-   3	Signature Member's Allergies:																		
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																			D.D.D. Support Coordinator Info:													
Medication Lo	og Revie	w	Sig	natı	ure:										Date	e:					Name:											
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# **ADH/CDH Medication Log**

Error Documentation		
Member Name:	Month	Year:



### **ADH/CDH Medication Log**

#### **PM**

Medication							Route Dosage/Frequency							Special Instructions																		
1.																																
2.																																
3.																																
4.																																
Medication	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Initial daily when dose is given Key: A = A										= Ab	sent	•	DP	= Da	ay Pr	ogra	m	R=	Refu	sed												

D.D.D. Support Coordinator Info:

### **Provider Initials and Signatures Legend**

Initials	Signature	Initials	Signature	Member's Allergies:

#### When an error is identified:

- 3. Provider will circle the error.
- 4. Provider will document the error on the back side of the log.

Medication Log Review	Signature:	Date:	Name:
			Office: