Supplement 1

LBC COMMUNITY REABLEMENT SERVICES   **MEDICATION ADMINISTRATION RECORD**

NAME:		D.O.B.		G.P.		START DAY	
ADDRESS:		ALLERGIES		START DATE		END DATE	

| COMMENCED | | ROUTE | | REC.D | | QUANT | | BY | | RETURNED-DESTROYED | | QUANT | | BY | |

	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

| COMMENCED | | ROUTE | | REC.D | | QUANT | | BY | | RETURNED-DESTROYED | | QUANT | | BY | |

	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

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| COMMENCED | | ROUTE | | REC.D | | QUANT | | BY | | RETURNED-DESTROYED | | QUANT | | BY | |

CODES 1 = RETURNED   2 = LEFT FOR LATER   3 = VOMITTING   4 = OMITTED   5 = HOSPITAL/RESPITE/HOLIDAY   6 = DISCONTINUED   7 = WASTED   8= FAMILY   10= NO CA