



Daily/Weekly Medication & Health Review

NAME:		DOB:		MCI:		MONTH:	
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DAILY REVIEW	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. Did individual have any appointments today?																															
2. Were any medications or treatments ordered today?																															
3. Have newly ordered meds been delivered?																															
4. Are new meds and treatments transcribed onto the MAR?																															
5. Newly ordered medications have been verified and initialed on MAR by 2nd staff member within 24 hours																															
6. All meds given today have been initialed on MAR																															
7. New orders along with meds have been sent to day program																															
STAFF INITIAL																															

KEY: Y --- Yes N --- No NA --- Not Applicable

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WEEKLY REVIEW	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
8. Labs, x-rays, tests, etc. are done within 5 business days of being ordered unless otherwise directed by HCP																															
9. Staff called HCP within 5 business days to schedule any f/u appointments																															
10. All medical documentation has been scanned into the electronic record																															
11. All side effect sheets are in MAR																															
12. Were there any changes in support needs?																															
13. Was the IPOP/support needs document updated?																															
14. Were staff oriented to new support needs (IPOP) changes?																															
15. Was weekly review of all medications, medical orders, MAR, and MAIR completed?																															
STAFF INITIAL																															

KEY:

Y --- Yes

N --- No

NA --- Not Applicable

Form: NS FRM 205A

NAME:		DOB:		MCI:		MONTH:	
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Number/Date:	Comments/Notes:
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Staff Signature	Staff Initial	Staff Signature	Staff Initial