

Daily Medication Log

Consumer Name:	Facility:	Month/Year:
----------------	-----------	-------------

Medication & Strength

Hour:	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	

Dosage:

Purpose:

Major Side Effects:

Medication & Strength

Hour:	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	

Dosage:

Purpose:

Major Side Effects:

Medication & Strength

Hour:	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	

Dosage:

Purpose:

Major Side Effects:

Comments (Allergies, Etc.): _____

Signature/Initial: _____

Note: Staff assisting with dispensing of medication will initial chart each time consumers are given their medications