

Medicines Administration Record Front Cover

Resident Name			
Date of birth		Room No	
Allergies <i>Please provide reaction type if known</i>			
GP		GP practice	
Photo			
Date photo taken			
How I like to take my medicines			
I self-administer my medications	Yes / No	If not all medications list which ones are self-administered	
I receive my medications covertly	Yes / No (see relevant documents for further details)		
I have swallowing difficulties	Yes / No (see relevant documents for further details)		
Date completed			
Completed by			
Review date			



Kent and Medway

Approved By: IMOC
Approval Date: July 2023
Renew Date: July 2025