

**CLIENT NAME/MRN** 

RGIES/ ADVERSE REACTIONS:													
RGIES/ ADVERSE REACTIONS:													
	DRUG ALLERGIES/ ADVERSE REACTIONS:												
ALL PSYCHIATRIC DRUGS CURRENTLY PRESCRIBED AND ALL STUDIES ORDERED/PERFORMED/REVIEWED													
dication Prescribed / Administered cluding Strength, Amount per dose, Frequency, Ro	ute) LR – Lab i	Review			Site of IM/SC	MD/DO/RN Initials							
Initials Signature of MD/RN			Printed Name of MD/RN										
	dication Prescribed / Administered eluding Strength, Amount per dose, Frequency, Ro	dication Prescribed / Administered cluding Strength, Amount per dose, Frequency, Route)  LO – Lab LR – Lab LV – Vitals	dication Prescribed / Administered cluding Strength, Amount per dose, Frequency, Route)  LO – Lab Order LR – Lab Review V – Vitals / "AIMS"	dication Prescribed / Administered   LO – Lab Order   R – Lab Review   V – Vitals / "AIMS"   # Pills   per Rx   Pills   Pills	dication Prescribed / Administered cluding Strength, Amount per dose, Frequency, Route)  LO – Lab Order LR – Lab Review V – Vitals / "AIMS"  # Pills per Rx   # Refills per Rx   # Refil	dication Prescribed / Administered sluding Strength, Amount per dose, Frequency, Route)  LO – Lab Order LR – Lab Review V – Vitals / "AIMS"  # Refills per Rx - IM/SC   Site of IM/SC   IM/SC							

## PHYSICIAN ORDERS / MEDICATION RECORD

## **CLIENT NAME/MRN**

DRUG ALLERGIES/ ADVERSE REACTIONS:												
□ NONE												
ALL PSYCHIATRIC DRUGS CURRENTLY PRESCRIBED AND ALL STUDIES ORDERED/PERFORMED/REVIEWED												
Date	Medication Prescribed / Administered (Including Strength, Amount per dose, Frequency, Route)	LO – Lab O LR – Lab R V – Vitals / '	eview	# Pills per Rx	# Refills -IM/SC	Site of IM/SC	MD/DO/RN Initials					
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Initials	Signature of MD/RN		Printed Name of MD/RN									

MHC46-2 (rev. 7/09\_Meds)