**This document must only be completed by a medical practitioner**. This is a record of all medications past, ceased and currently prescribed. This record provides a checking tool to ensure medications are current.

LWB Staff must not record (*transcribe*) a person’s prescribed medications or their doses into this document.

| **Medication Record** | | | | | | | | **Page**      **of** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | **Address:** | |  | | | **D.O.B** |  | | | |
| **CIRTS ID** |  | | | |
| **To be completed by the client’s GP or Specialist only** | | | | | | | | | | | | |
| Date | Medication | Dose | Freq. | Route | Reason for medication being prescribed | Date of review | Doctor’s name (printed) | Doctor’s signature | | Date medication ceased | Reason ceased | Doctor’s signature |
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