Cal State LA

Robert L. Douglass Speech-Language Clinic

Client Medication Record

Client Name: _____

Client #: _____

Birth Date (mm/dd/yyy): _____

	What I'm Using Rx - Brand & generic name OTC - Name & active ingredients	How Much (Dosage)	How to Use / When to Use	Why I'm Using / Notes
Example:	*XXXXX/xxxxxxxx*	*40 mg; use two 20 mg pills*	*Take orally, 2 times a day, at 8:00 a.m. & 8:00 p.m.*	*Lowers blood pressure; check blood pressure once a week; blood test on 4-15-11*
1				
2				
3				
4				
5				

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6				
7				
8				
9				
10				

Signature of Client or Legal Guardian:

_____

Date:

_____

Printed Name:

_____