



TransitionalCareServices^{INC.}
The Bridge to Better Care

Prescribed Medication List

CR Name: _____

Date of Last Update: _____

Medication	Dose	How Often	Purpose	Side Effects / Precautions	Doctor

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INSTRUCTIONS: (When ever possible we always recommend getting the “pill packs”)

Because of the importance of ensuring that Care Recipients take all their prescribed medications as directed, use this form to list all the medications being taken and how and when they should be taken. While only nurses actually administer medication, Caregivers are instructed to monitor the Care Recipients while they are taking medications and if necessary remind them when it is time to take them.

Because Care Recipients often visit multiple doctors, this list may accompany the Care Recipient to each doctor’s appointment so that each doctor knows all the medications being taken by the Care Recipient. Further, in the event any additional medications are prescribed, the doctor or nurse may enter the information onto this form in clear writing that can be read and understood by the Care Recipient and Caregivers.

Please type up or revise the list in your computer and give a printout to your caregiver to be maintained at the care recipient’s home. We believe it is very important that there be no mistakes about reading or understanding the information on this list and typed information is much more legible than hand written information.

If you choose not to type this list, please ensure that all handwriting is printed, not script, and that it is clearly written. Try to avoid using abbreviations, codes or any confusing or unclear language, as this form is to be read and understood by non-medical personnel.