

St. Clair County Community Mental Health Medication Counts

MONTH & YEAR: _____

INDIVIDUAL: _____ Case #: _____

ALLERGIES: _____

MEDICATION: _____

- Dosage, Times: _____

PHYSICIAN ORDERING: _____

DATE ORDERING: _____

DATE FILLED: _____

REFILL DATE: _____

APPOINTMENT WITH PHYSICIAN NEEDED? _____

DISCONTINUED DATE: _____

DISPOSAL DATE: _____

MED COUNT

Count/Initial

9 am	5 pm	9 pm	9 am	5 pm	9 pm
1.			16.		
2.			17.		
3.			18.		
4.			19.		
5.			20.		
6.			21.		
7.			22.		
8.			23.		
9.			24.		
10.			25.		
11.			26.		
12.			27.		
13.			28.		
14.			29.		
15.			30.		
			31.		

Additional Information (LOA's, new meds, explanation of discrepancy in count etc.):

Staff Signatures & Initials:
