

St. Clair County Community Mental Health Medication Counts – Day Programs

Month & Year: _____

Individual: _____ Case #: _____

Allergies: _____

Medication: _____

Disposal Date: _____

Day	Time	AM Count	Provided	PM Count	Initials	Day	Time	AM Count	Provided	PM Count	Initials
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 (LOAs, New meds, Explanation for discrepancy in count, etc.):

Staff Signatures & Initials:

Staff Signature	Staff Initials	Date
Staff Signature	Staff Initials	Date
Staff Signature	Staff Initials	Date
Staff Signature	Staff Initials	Date
Staff Signature	Staff Initials	Date