## **Controlled Substance Count Sheet**

Individual:				Case #:			
Date	Time	Drug Name & mg	Start Count	# Provided	Remaining Count	Staff/Nurses Initials	Staff/Consumer Initials

Health-Medical Form: #04-0112 Revised Date: 7/1/2023

Policy Ref: #04-001-0050, #04-001-0065

EHR: Health Services, Other Health Documents Note: Controlled Substance Count Sheet