Client: ______________________ DOB: ____________________ Placement Date: __________

Resource Parent(s): ______________________ Month: __________ Year: __________

PSYCHOTROPIC MEDICATION ADMINISTRATION RECORD (MAR)

Psychotropic medications include antidepressants, mood stabilizers, hypnotics, medications for dementia, psychostimulants and anxiolytic agents. Sometimes psychotropic medications are prescribed for other reasons, like headaches or insomnia.

Fill out a separate record for each psychotropic medication.

Medication Name:	Strength:
Dosage instructions:	

Physician name:
Physician number:

Reason for this prescription:		
Is a court order required? ☐ Yes ☐ No	Date of court order:	Do you have a copy of the order? ☐ Yes ☐ No
If court order is not required, has County Worker or Public Health Nurse provided documentation stating no order is required? ☐ Yes ☐ No		

Fill in log at each dose (do not pre-fill) using these definitions:
Initials=Given **Circled Initials**=Not given* **R**=Refused* **S**=Given at School **H**=Given at Home Visit **P**=Given at Day Program **O**= Other

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

Date and description of any observed side effects:	Additional instructions from physician, if any:

*Document any missed or refused doses here

Date	Hour	Reason	Who was notified?	Observed or reported behaviors or symptoms