

Good Practice Guidance for Care Homes			
Medicine Administration Record (MAR) Front Cover			
Person's Name:		Date of Birth:	
Room No:		Nursing/Residential* *delete as appropriate:	
GP:		GP Practice:	
Allergies:			
Photo:			
Date of photo:			
Details of special administration requirements: Examples: (Name) prefers to receive one tablet at a time (Name) prefers to have his/her medicines placed into a pot and handed to him/her (Name) prefers to receive his medicines from a spoon (Name) medicines are to be administered in food to facilitate swallowing (see care plan for further details) (Name)'s medicines are administered covertly if required (see care plan for further details) (Name) prefers to receive his/her medicines in his/her room at all time (Name) prefers male/female staff to support him/her with his/ her medicines			
Other comments:			
Front cover completed by:		Date completed:	