

Good Practice Guidance for Care Homes			
Medicine Administration Record (MAR) Front Cover			
Patient 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: <i>(Name)</i> prefers to receive one tablet at a time <i>(Name)</i> prefers to have his/her medicines placed into a pot and handed to him/her <i>(Name)</i> prefers to receive his medicines from a spoon <i>(Name)</i> medicines are to be administered in food to facilitate swallowing (see care plan for further details) <i>(Name)</i> 's medicines are administered covertly if required(see care plan for further details) <i>(Name)</i> prefers to receive his/her medicines in his/her room at all time <i>(Name)</i> prefers male/female staff to support him/her with his/ her medicines			
Other comments:			
Front cover completed by:		Date completed:	

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