# Good Practice Guidance for Care Homes

## Medicine Administration Record (MAR) Front Cover

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room No:</td>
<td>Nursing/Residential*</td>
</tr>
<tr>
<td></td>
<td>*delete as appropriate:</td>
</tr>
<tr>
<td>GP:</td>
<td>GP Practice:</td>
</tr>
</tbody>
</table>

### 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:

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**MOVP-023 - V2 - Good Practice - MAR Front Cover**  
**Status:** Approved  
**Next Review Date:** November 2020  
**Approved date:** 27/11/18  
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