

**Good Practice Guidance for Care Homes**  
**Medicine Reminder Chart**

Care home:	Chart number:
Residents Name:	Date of birth: .... of ....

**This is a list of the medicine(s) that you are prescribed and when you are to take them.**

Name and Strength	Description	What is it for?	When and how much of your medicine to take.				Special instructions
			Morning time.....	Afternoon time.....	Evening time.....	Night time...	

**You may also be prescribed medicines to be taken “when required” these are described on the next page**

Prepared by (print name):	Date:
Details checked by:	

**“When Required Medicines”**

As well as your regular medications, you are also prescribed some medicines which you only need to take when you need them. These are;

Name and strength	Description	What will this medicine help to do? <i>(relief of...)</i>	How much can I take at once?	How often can I take it?	Is there a “no more than ....” To be taken each day? <i>(give clear details)</i>	Any other comments or instructions?

Prepared by (print name):	Date:
Details checked by:	