



<b>Good Practice Guidance for Care Homes</b>
<b>Medicine Reminder Chart</b>

Care home:	Chart number:	
Resident's 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 used 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 a separate page.**

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

**Good Practice Guidance for Care Homes**  
**Medicine Reminder Chart – "When Required Medicines"**

Care home:	Chart number:	
Resident's Name:	Date of birth:	.... of ....

**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?	Any other comments or instructions? IMPORTANT – if there is an instruction such as "Do Not Take More Than XX per day" or "Do Not Take More Often than ...." – full details of this MUST be included here

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