North of England Commissioning Support Unit

Good Practice Guidance for Care Homes

Stock Count Sheet

Patient Name:		**Date of Birth:**	
GP:		**Allergies:** (See MAR)	
Medicine:		**Dose:** (Refer to MAR chart)	
Does Medication have limited stability once opened e.g. liquids?		**Yes/No**	
If yes ensure date of opening and expiry if clearly shown on packaging			
Completed by/date:		**Countersigned by/date:**	**Review:**

Date	Time	(1) Previous Stock count	(2) Current stock count	(3) Number of doses accounted for (Refer to MAR)	(4) Expected Balance (1)-(3)	Accuracy Check (2)-(4) Report if not 0	Stock counted and accuracy checked by
New sheet to be started when this sheet is full. Stock balance transferred to new sheet by:							