**[Company name]**

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# Patient medication record

A single, complete record of a patient's current and past medicines - for safe dispensing, reviews and handover.

## Patient details

| | |
|---|---|
| **Patient name** | [Patient full name] |
| **Date of birth** | [Date of birth] |
| **Contact number** | [Phone number] |
| **Address** | [Patient address] |
| **Known allergies** | [List allergies, or state none known] |
| **Key conditions** | [e.g. hypertension, type 2 diabetes] |
| **Record started** | [Date] |
| **Last reviewed** | [Date] |

## Current medicines

| Medicine and strength | Dose and frequency | Started | Prescriber | Status |
|---|---|---|---|---|
| [Medicine name, strength] | [e.g. one tablet daily] | [Date] | [Prescriber] | [Active] |
| [Medicine name, strength] | [e.g. 5mg twice daily] | [Date] | [Prescriber] | [Active] |
| [Medicine name, strength] | [e.g. as needed] | [Date] | [Prescriber] | [Active] |
| | | | | |
| | | | | |

## Discontinued medicines

| Medicine and strength | Stopped | Reason |
|---|---|---|
| [Medicine name, strength] | [Date] | [Reason, e.g. side effects / course complete] |

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| | | |
|---|---|---|
| [Medicine name, strength] | [Date] | [Reason] |

## Notes

[Adherence notes, interactions checked, referrals made, or other clinical notes.]

## Sign-off

| Recorded by | Role | Date |
|---|---|---|
| | | |