[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]

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Discontinued medicines

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

Notes

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

Sign-off

Recorded by	Role	Date