

[illegible]

**Check if patient has another medication chart**

Cut off section

PRINT DIGI CMYK 2/S ON 220gsm UNCOATED.

PRODUCE DIGITAL PROOFS FROM FILES SUPPLIED.

DIE-CUT AND STRIP 1 RECTANGULAR PIECE FROM TOP RHC.

CREASE. TRIM TO 297 x 420mm. FOLD TO 297 x 210mm.

DRILL 2 x HOLES FOR RING BINDER. BULK PACK

Hospital name.....  
Hospital Provider number.....  
Ward.....

Medication chart number .....of .....

Additional charts  
☐ IV fluid   ☐ BGL/insulin   ☐ Acute pain   ☐ Other  
☐ Palliative care   ☐ Chemotherapy   ☐ IV heparin

Chart valid for:  
☐ 1 month   ☐ 4 months   ☐ 12 months

Initials:

Authority Prescription Number

Once only and nurse initiated medicines and pre-medications/Telephone orders

Date/time prescribed	Medicine (print generic name)/form	Route	Dose	Frequency	Check initials N1 N2	Prescriber/nurse initiator name	Prescriber /nurse initiator sign	Date	Record of administration Time/Given by				Pharmacy	

Medicines taken prior to presentation to hospital (Prescribed, over the counter, complementary)

Own medicines brought in? Y ☐ N ☐ Administration aid (specify) .....

Medicine	Dose and frequency	Duration	Medicine	Dose and frequency	Duration

GP:

Community pharmacy:

Sign: ..... Print: ..... Date: ..... Medicines usually administered by: .....

Prescriber Details

	Prescriber 1	Prescriber 2	Prescriber 3	Prescriber 4	Prescriber 5	Prescriber 6
Name:						
Prescriber No.						
Contact No.						
Address:						
Signature:	Signature	Signature	Signature	Signature	Signature	Signature
Date:	Date	Date	Date	Date	Date	Date

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**Allergies and adverse drug reactions (ADR)**  
☐ Nil known    ☐ Unknown (tick appropriate box or complete details below)

Medicine (or other)	Reaction / type / date	Initials

Sign ..... Print ..... Date .....

URN:	Not a valid prescription unless identifiers present
Family name:	
Given names:	
Address:	
Date of birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Medicare No:	PBS/RPBS Entitlement No.
<input type="checkbox"/> Concessional or dependent RPBS or Safety Net Concession Card Holder	<input type="checkbox"/> Safety Net Entitlement Card Holder

**First prescriber to print patient name and check label correct:**

Weight (kg): ..... Height (cm): ..... 100mm

[illegible]

SAC: Streamline Authority Code  
AAN: Authority Approval Number

[illegible]

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