S^D Associates LLC

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Medication Intake Form

Client #:	Medication:	
Instructions for Dosing: _		

- All medication needs to be in original container and be accompanied by any forms from the pharmacy (such as instructions for use).
- When a medication comes into S^D staff possession and out of S^D staff possession it needs to be counted and signed off on by those who give it and those who received it.

Date	Amount	In/Out	Given by (printed name & signature)	Given to (printed name & signature)
Example: 1/1/15	20 Pills	In	Lesha Rasco (signature)	Joe Smith (signature)
Example: 1/3/15	15 Pills	Out	Joe Smith (signature)	Lesha Rasco (signature)