CONTROLLED MEDICATION COUNT

agency for persons with disabilities
State of Florida

All controlled medications must be counted each shift, or as described in Rule 65G-7.007, F.A.C.

Medication: _____

Dosage: _____

Route: _____

Individual's Name: _____

Start Date: _____

Verify Number Received: _____

Rx#: _____

Enter Scheduled Medication Time: _____

or PRN: _____

Received by (initials) _____ / _____

DATE	TIME	FULL NAME OF PERSON ADMINISTERING	NUMBER ON HAND	NUMBER GIVEN TO CLIENT	NUMBER REMAINING	NUMBER REMAINING VERIFIED BY: (INITIAL at end of shift))		
						STAFF ON	STAFF OFF	DATE/TIME

Please print name, sign, and initial below to identify initials used above.

Name (print) / Signature	Initials		Initials