



Health
South Western Sydney
Local Health District

PRIMARY AND COMMUNITY HEALTH MEDICATION CHART OF _____

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)
 Nil known Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction/Date	Initials

COMPLETE ALERT IN eMR

Sign _____ Print _____ Date _____

SURNAME	MRN
OTHER NAMES	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O. NOT A VALID
ADDRESS PREScription UNLESS IDENTIFIERS PRESENT	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

1st Prescriber to Print Patient Name and Check Label Correct: _____ Weight (kg) _____ Height (cm) _____ B.S.A.(m²) _____ Gestation Age (wks) _____

REGULAR MEDICATIONS

REGULAR MEDICATIONS

YEAR 20__				DATE →						
Medicine (Print Generic Name)			Dose							
Route	Frequency	No. of dose	Start date	DATE →						
Indication										
Prescriber Signature		Print Name		Date prescribed	DATE →					
DOCTOR'S STAMP PROVIDER NUMBER										

YEAR 20__				DATE →						
Medicine (Print Generic Name)			Dose							
Route	Frequency	No. of dose	Start date	DATE →						
Indication										
Prescriber Signature		Print Name		Date prescribed	DATE →					
DOCTOR'S STAMP PROVIDER NUMBER										

NOT VALID UNLESS LEGIBLE



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Medicine (Print Generic Name)	Route	Dose	Hourly Frequency	PRN	Date												

PRN & Telephone Order Only

TELEPHONE ORDERS (medical order to be obtained within 24 hours)

Date Time	Medication (Print Generic Name)	Route	Dose	Frequency	Nurse Initials	Prescriber Name	Prescriber Sign	Date	RECORD ADMINISTRATION				
									Time/given by:	Time/given by:	Time/given by:	Time/given by:	