



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 _____ ☐ MALE ☐ 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

YEAR 20____

Medicine (Print Generic Name)	Dose	DATE →							

Route	Frequency	No. of dose	Start date	DATE →					

Indication

Prescriber Signature _____ Print Name _____ Date prescribed _____

DATE →

DOCTORS STAMP PROVIDER NUMBER

PHARMACY ONLY

REGULAR MEDICATIONS

YEAR 20____

Medicine (Print Generic Name)	Dose	DATE →							

Route	Frequency	No. of dose	Start date	DATE →					

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Medicine (Print Generic Name)				Date										
Route	Dose	Hourly Frequency	PRN	Time										
Indication		Max PRN Dose/24hrs		Sign										
Prescriber Signature		Print Name	Date											
Medicine (Print Generic Name)				Date										
Route	Dose	Hourly Frequency	PRN	Time										
Indication		Max PRN Dose/24hrs		Sign										
Prescriber Signature		Print Name	Date											
Medicine (Print Generic Name)				Date										
Route	Dose	Hourly Frequency	PRN	Time										
Indication		Max PRN Dose/24hrs		Sign										
Prescriber Signature		Print Name	Date											

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:

PRN & Telephone Order Only