Medication/Emergency Contact Information

COMMUNITY COUNSELING SERVICES Rev 01/17

Case Name _____

Case Id# _____

Name/Credentials of Staff Initially Completing the form: Initial Date of Completion:

CURRENT MEDICATIONS

List ALL known and/or reported medications the individual is currently taking regardless of type or purpose to include over-the-counter (OTC) medications

Date Initiated/ Or NK	Staff Signature/Credentials	Name of Medication	Prescribed by	Dosage/Frequency	Date Terminated/ Changed	Staff Signature/Credentials

List of Common Abbreviations: q.a.m. – every morning ; a.c. – before meals; p.c. – after meals; q.o.d. – every other day; q.d. – once a day; b.i.d. – twice a day p.o. – by mouth ; t.i.d. – 3 x a day ; q.i.d. – 4 x a day ; /d - per day ; prn – as needed ; h.s. – at bedtime ; IM – intramuscular ; p.m. – afternoon

Known Allergies/Reactions: *(Med, Food, Plant, etc.)* _____

Significant Medical Conditions: _____ **Special Dietary Needs:** _____

Emergency Information: In case of emergency (when parent/legal representative cannot be reached) contact:

Name: _____ Phone Number: (primary) _____ (secondary) _____

Address: _____

PCP/Dr. Name: _____ PCP Address/Phone: _____

Hospital Preference: _____ Pharmacy Preference: _____

Insurance Carrier(s): _____ Policy Number: _____

CURRENT MEDICATIONS CONTINUED

List ALL known and/or reported medications the individual is currently taking regardless of type or purpose to include over-the-counter (OTC) medications

Date Initiated/ Or NK	Staff Signature/Credentials	Name of Medication	Prescribed by	Dosage/Frequency	Date Terminated/ Changed	Staff Signature/Credentials

List of Common Abbreviations: q.a.m. – every morning ; a.c. – before meals; p.c. – after meals; q.o.d. – every other day; q.d. – once a day; b.i.d. – twice a day
p.o. – by mouth ; t.i.d. – 3 x a day ; q.i.d. – 4 x a day ; /d - per day ; prn – as needed ; h.s. – at bedtime ; IM – intramuscular ; p.m. – afternoon

PREVIOUS MEDICATIONS

MEDICATION	DIRECTIONS	COMMENTS *(Include adverse reactions if applicable)*