

Injection Progress Note

Community Counseling Services

Rev 01/17

Case Name _____

Case Id# _____

Date: _____

Service Code: _____

Location of Visit CMHC Other _____

Start Time: _____ End Time: _____ Minutes _____

Medication/Notes: Medication brought in? Yes No N/A

NDC: _____ Drug expiration: _____

Injection administration per order of Dr. _____

Area of Injection

Left Deltoid Muscle Right Deltoid Muscle Left Gluteal Muscle Right Gluteal Muscle

Amount of Injection _____ (MG)

Note:

Nurse's Signature and Credentials

Date

Supervisor's Signature and Credentials (if applicable)

Date