

Client Name:	<h2 style="margin: 0;">Destiny Management</h2> <h3 style="margin: 0;">MEDICATION ADMINISTRATION RECORD (MAR)</h3>
Record #:	

SINGLE DOSE ORDERS					
Date:	Medication:	Dosage Quantity:	Medication Order:	Time:	Administered By:

Drug Omission (Excluding Respite /Off Campus) Document holds, omissions and client refusals:					
Medication:	Strength:	Dosage Quantity:		Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Reason For Omission:					
_____				_____	
Staff Signature/Title				Date	

Drug Omission (Excluding Respite Leave/Off Campus):					
Medication:	Strength:	Dosage Quantity:		Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Reason For Omission:					
_____				_____	
Staff Signature/Title				Date	

Adverse Drug Reaction/Administration Error					
Medication:	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM			
Drug Reaction (Please describe. Do not include opinions or conclusions):					
Error:					
Professional Recommendation:					
Reported To:	<input type="checkbox"/> Physician (List Name): Direction:	Type:	<input type="checkbox"/> Error <input type="checkbox"/> Adverse Reaction		
	<input type="checkbox"/> Pharmacist (List Name): Direction:	Documentation Completed:	<input type="checkbox"/> Adverse Reaction Report <input type="checkbox"/> Service Note		
_____				_____	
Staff Signature/Title				Date	

Client Request for Medication Change OR Assessment					
Date of Request:	Appointment: <input type="checkbox"/> Yes -Date of Appointment _____ <input type="checkbox"/> No	Consultation: <input type="checkbox"/> Yes – Date _____ <input type="checkbox"/> No			
Request:		<i>Follow-up must be documented in a service note.</i>			
Results:					
_____				_____	
Staff Signature/Position Title/Licensure/Degree				Date	