[Insert organisation name/logo]

# MEDICATIONs Returned TO CLIENTS

***#Note\****

*All client medication assistance templates should be reviewed by qualified medical personnel before finalising*

*\*Please delete note before finalising this template.*

This form is to be completed by authorised staff (see the *Medication assistance authorisation sheet*) when returning medication or prescriptions to clients on discharge.

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| **Client name** |  | **Client ID** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Medications returned** | | | | | | | |
| **Medication name** | **Medication strength** | **Medication dose** | **Quantity returned** | **Medication type e.g. prescription/ PRN/non-PRN** | **Medication packaging e.g. blister pack, bottle** | **Staff signature** | **Client signature** |
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| **Prescriptions returned** | | | |
| **Prescription detail (prescribing doctor, dose etc.)** | **Prescription end date** | **Staff signature** | **Client signature** |
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| --- | --- | --- | --- | --- | --- |
| **Disposed medication /prescriptions** | | | | | |
| **Medication/prescription detail** | **Date of disposal** | **Amount disposed** | **Reason for disposal** | **Staff signature** | **Client signature** |
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