

**Medicines Administration Record Front Cover**

<b>Resident Name</b>			
<b>Date of birth</b>		<b>Room No</b>	
<b>Allergies</b> <i>Please provide reaction type if known</i>			
<b>GP</b>		<b>GP practice</b>	
<b>Photo</b>			
<b>Date photo taken</b>			
<b>How I like to take my medicines</b>			
<b>I self-administer my medications</b>	<b>Yes / No</b>	<b>If not all medications list which ones are self-administered</b>	
<b>I receive my medications covertly</b>	<b>Yes / No</b> (see relevant documents for further details)		
<b>I have swallowing difficulties</b>	<b>Yes / No</b> (see relevant documents for further details)		
<b>Date completed</b>			
<b>Completed by</b>			
<b>Review date</b>			



**Kent and Medway**