CENTRAL STATE HOSPITAL

MEDICATION PROFILE RECORD

Month **Year** **ALLERGIES:**

MEDICATION	Hr.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE	CONSENT	
				Anti-anxiety	
				Anti-psychotic	
				Anti-depressant	
				Anti-manic	
				Other:	

INJECTION SITE CODE

1. (L) Buttock (gluteus)
2. (R) Buttock (gluteus)
3. (L) Arm (deltoid)
4. (R) Arm (deltoid)
5. (L) Thigh (quadriceps)
6. (R) Thigh (quadriceps)
7. (L) Iliac Crest
8. (R) Iliac Crest
9. Other (Specify)

CSH-836 (12/2000)