



## Medication Inventory Form

Date of placement change:

Medication provided to Caregiver by DCM in the original container:            Yes            No

The following information was provided to the Caregiver upon placement:

- a) The full name of the child for who the medication is prescribed:  
Child Name:
- b) The Condition and purpose for which the medication is prescribed for the child was discussed with the caregiver:            Yes            No

- c) The prescribing Physicians name and contact information:
  - a. Physician's Name: \_\_\_\_\_
  - b. Physician's Number: \_\_\_\_\_

- d) The Pharmacy form which the prescription was obtained and contact information.
  - a. Pharmacy's Name: \_\_\_\_\_
  - b. Pharmacy's number: \_\_\_\_\_

e) The Medication Name and dosage the times, Frequency and method of administration

Medication name	Dosage	Frequency	Time or am/pm	Method-by mouth/injection

- f) Any Identified side effects, risks, and possible side effects of stopping medication  
Information was discussed with caregiver:            Yes            No
- g) Any Special Instruction regarding medication/ Physicians plan to reduce/eliminate medication  
Information was discussed with caregiver:            Yes            No

Caregiver's and case manager signature for receipt of Medication Inventory

Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_