

**Cal State LA**  
**Robert L. Douglass Speech-Language Clinic**  
**Client Medication Record**

Client Name: \_\_\_\_\_

Client #: \_\_\_\_\_  
 Birth Date (mm/dd/yyyy): \_\_\_\_\_

	What I'm Using Rx - Brand & generic name OTC - Name & active ingredients	How Much (Dosage)	How to Use / When to Use	Why I'm Using / Notes
<b>Example:</b>	<i>XXXXX/xxxxxxxx</i>	<i>40 mg; use two 20 mg pills</i>	<i>Take orally, 2 times a day, at 8:00 a.m. &amp; 8:00 p.m.</i>	<i>Lowers blood pressure; check blood pressure once a week; blood test on 4-15-11</i>
1				
2				
3				
4				
5				

	<b>What I'm Using</b> Rx - Brand & generic name OTC - Name & active ingredients	<b>How Much</b> (Dosage)	<b>How to Use /</b> <b>When to Use</b>	<b>Why I'm Using /</b> <b>Notes</b>
<b>Example:</b>	XXXXX/xxxxxxxx	40 mg; use two 20 mg pills	Take orally, 2 times a day, at 8:00 a.m. & 8:00 p.m.	Lowers blood pressure; check blood pressure once a week; blood test on 4-15-11
6				
7				
8				
9				
10				

Signature of Client or Legal Guardian:

Date:

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Printed Name:

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