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Comox Valley & Campbell River, BC

Medication Reminder Log

Weekly log of medication reminders and self-administration

Client

Client Name _____

Week Of _____

Reminder Log

Caregivers do not administer medication. This log records **reminders only**, confirming the client self-administered the listed medication at the listed time.

Date	Time	Medication	Dose	Taken? (Y/N)	Caregiver Initials

Refusals / Missed Doses

Document refusals, missed doses, and family notification

_____

_____

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Signature	Printed Name	Date