

**FOCUS ON FUNCTION
THERAPY EVALUATION AND PLAN OF CARE**

MEDICATION PROFILE

List all **prescription** and **nonprescription** medications client is currently **routinely** taking

DC Date	Order Date	Medication	Dosage	Frequency	Route of Administration	Special Instructions	New/ Old/ Change	Classification	Date Taught	Staff Initials

Review Date _____ Initials _____ Signature _____

Review Date _____ Initials _____ Signature _____