香港中文大學醫院
CUHK
Medical Centre

Please affix label here

PATIENT OWN MEDICATIONS AND PRESCRIPTION RECORD

Please ☑ the appropriate item(s)

Drug Allergy : ____________________

Adverse Drug Reaction : ____________________

					Order by doctor		Remarks
					Continue	Discontinue	
Patient Own Medications Orders							
Start Date	Drug Name			End Date	☐	☐	
	Route	Dose	Frequency				
Start Date	Drug Name			End Date	☐	☐	
	Route	Dose	Frequency				
Start Date	Drug Name			End Date	☐	☐	
	Route	Dose	Frequency				
Start Date	Drug Name			End Date	☐	☐	
	Route	Dose	Frequency				
Start Date	Drug Name			End Date	☐	☐	
	Route	Dose	Frequency				
Start Date	Drug Name			End Date	☐	☐	
	Route	Dose	Frequency				
Start Date	Drug Name			End Date	☐	☐	
	Route	Dose	Frequency				
Start Date	Drug Name			End Date	☐	☐	
	Route	Dose	Frequency				

Doctor's Signature

Doctor's Name

Date (dd-mm-yyyy)

NUR-MEDAR-173-E-V01-20230206

香港中文大學醫院
CUHK
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PATIENT OWN MEDICATIONS AND PRESCRIPTION RECORD

Please ☑ the appropriate item(s)

Drug Allergy : _____

Adverse Drug Reaction : _____

New Medication Orders				
Start Date	Drug Name			End Date
	Route	Dose	Frequency	
Start Date	Drug Name			End Date
	Route	Dose	Frequency	
Start Date	Drug Name			End Date
	Route	Dose	Frequency	
Start Date	Drug Name			End Date
	Route	Dose	Frequency	
Pre-Medications/On Induction Medication Orders				
Start Date	Drug Name			End Date
	Route	Dose	Frequency	
Start Date	Drug Name			End Date
	Route	Dose	Frequency	
Start Date	Drug Name			End Date
	Route	Dose	Frequency	
Start Date	Drug Name			End Date
	Route	Dose	Frequency	

Doctor's Signature | Doctor's Name | Date (dd-mm-yyyy)