

PCP TO COMPLETE

Hampstead Hospital

Recovery Matters Medication Authorization

Name:	DOB:	Age:
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This client is seeking treatment in a residential substance abuse program at Hampstead Hospital. To participate in the program, the client must be admitted with a comprehensive list of prescribed medication ordered by a licensed practitioner that the client will self-administer while in the program.

Allergies:				
Please document an entire list of current medications the client is prescribed.				
Medication	Indication	Dosage	Date Prescribed	# of Refills Remaining

The client may also self-administer the following over-the-counter medications authorized by a licensed practitioner while in residence at Recovery Matters program at Hampstead Hospital. OTC medication will be taken in accordance with the directions on the medication container or as ordered by a licensed practitioner.

(Please cross out any OTC medications that the client may not administer.)

acetaminophen	antacid	Antibiotic cream	Anti-fungal cream	aspirin
Cold/allergy med	cough drops	Dulcolax	Hydrocortisone	Ibuprofen
Imodium	Miralax	Multivitamins	Nicorette Gum	NSAID
Pseudoephedrine	Other:			

I certify this client _____ has demonstrated an understanding of the nature of the medication being administered; appropriate frequency, dose, and route of administration, the expected actions and side effects of the medications administered and is capable of self-administration of the medications.

Licensed Practitioner Signature

Date