

Balance Record for Restricted S4 & Controlled S8 Medications



Purpose:

To record quantities of Controlled and Restricted (Schedules 8 & 4) medication.

Frequency:

Service Type	Frequency of S4/S8 Count
Support at Home	at the start of each shift (0600, 1400, 2100hrs)
	when the medication leaves and enters the house
Support in the Community	when the medication enters and leaves the service

Sheet Number:

Participant Name:		DOB:	
Life Choice Service:			

Medication Name:			
Medication Strength:		Medication Form <i>(i.e. tablet, liquid)</i>	

Date of Check	Time of Check	Quantity at previous check	Was medication given? Y/N	Quantity at this check	Name of person checking	Signature of person Checking	Name of witness (if available)	Signature of witness (if available)

