BHS-RX-010
Rev. 05/2007

MARC CENTER BEHAVIORAL HEALTH SERVICES
MEDICATION FLOW SHEET

Individual: _____

ID#: _____ AHCCCS #: _____

Pharmacy Name/Phone: _____

Allergies: _____

PRESCRIBED OR ADMINISTERED MEDICATION (DOSE, FREQUENCY, ROUTE, REASON)	SIGNATURE OF PRESCRIBER (OR NURSE, IF RECOPIED OR VERBAL ORDER)	FOR PRESCRIBED Rx: INITIALS, DATE, AMOUNT AND METHOD DISPENSED (W=WRITTEN; P=PHONED; S=SAMPLE) FOR ADMINISTERED Rx: DATE, TIME INITIALS, ROUTE, SITE OF INJECTION		
		M/Y:	M/Y:	M/Y:

STAT/ONE TIME ONLY MEDICATIONS ADMINISTERED				

INITIALS	SIGNATURE/TITLE	INITIALS	SIGNATUE

(DISCONTINUE MED. ORDERS WITH A RED LINE THROUGH ENTRY, AND WRITE D/C, DATE, INITIALS)

Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Marc Center prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Marc Center must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Marc Center must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Marc Center will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact Marc Center at (480) 969-3800.