



# CONTROLLED MEDICATION INVENTORY RECORD

Name of Youth: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_  
 Prescribed Medication: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

DJJID #: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Pharmacy: \_\_\_\_\_  
 Prescription #: \_\_\_\_\_  
 Beginning Count #: \_\_\_\_\_

Date	Begin Perpetual Count	Amount Given	Time Given	End Perpetual Count	Staff Member Giving	1st-2nd Shift-to-Shift Ct.	Initials	Amount Given	Time Given	End Perpetual Count	Staff Member Giving	2nd-3rd Shift-to-Shift Ct.	Initials	3rd -1st Shift-to-Shift Ct.	Initials

**Start Date:** \_\_\_\_\_ **Stop Date:** \_\_\_\_\_

Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Signature: \_\_\_\_\_

Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Signature: \_\_\_\_\_

Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Signature: \_\_\_\_\_

