

## Medication Self-Direct Evaluation Tool

Any time you are asked to provide help in reminding a client to take his or her medications, the following questions must be asked and answered by the client. This form may also be used to determine the appropriateness of medication management for a client. Complete the following:

- Yes     No    Can you tell me what medications you are taking?
- Yes     No    Can you tell me how much of the medication you're supposed to take or the dose?
- Yes     No    Can you tell me what route the medication should be taken?
- Yes     No    Can you tell me why you are taking these medications?
- Yes     No    Can you tell me what time or how often you take your medications?

Medication	Reason	Frequency	Verified

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Determination:

- Medication Administration Required
- Medication Assistance
- Medication Reminding
- Able to Self Administer Medications. \* If checked, have client attest to the information provided and have client sign form below.

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

I agree with the information documented above and acknowledge that I understand what medications I'm taking, why I'm taking the medicine, and when I'm supposed to take the medicine.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date