

Medication Self-Direct Evaluation Tool

Any time you are asked to provide medication reminding or medication assistance to a client, the following questions must be asked and answered affirmatively by the client. The client's medication list must be filled out or attached to this form. 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 by Agency Administrator, Designee or Delegate:

- Medication Administration Required
- Medication Assistance*
- Medication Reminding*
- Client is able to Self-Administer their own Medications*

* If checked, have client attest to the information provided by signing 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