

MEDICATION LOG

Prescriptions must be documented using one of these Department required Medication Support forms:

- MH 657 Initial Medication Support Service
- MH 653 Complex Medication Support Service
- MH 655 Brief Follow-up Medication Support Service

At clinics that choose to maintain medication history reference, physicians may use this OPTIONAL form as an additional place to document medications prescribed to a client.

| Date | Name | Dosage | Frequency | Route of Admin | Amount | # of Refills |
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| This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled. | Name: _____ IS#: _____ Agency: _____ Provider #: _____ Los Angeles County – Department of Mental Health |
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