

Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-4271
Weekly Medication Count Transition House

Complete the name of the child, Person ID, FSW/TL, and Region on top left.

1st column: Enter the date the count is done.

2nd column: Enter the name of the medication.

3rd column: Enter the dose.

4th column: Enter the frequency (e.g. 1x/day, 3x/day, every 6 hrs., PRN)

5th column: Enter the number of refills.

Then enter the count for each medication adjacent to the correct week.

Enter your initials on the bottom line for the correct week.

If the medication will run out in 14 days, notify the FSW/TL and fill in the date they were notified, the name of the medication, and your name on the appropriate lines.

At the bottom enter your signature with your initials.