

**STATE OF MINNESOTA
Health Professionals Services Program (HPSP)**

MEDICATION LOG for Documenting Mood Altering / Controlled Substance or other medications your case manager requests be logged

~~Please use one sheet for each medication you are prescribed~~

Participant Name

Reporting Month/Year

Medication/Strength

Dosing Instructions

Prescriber

If the prescriber of this medication is not your primary care provider, is your primary care provider aware? YES NO

Pharmacy Used

of pills at beginning of month...

Copy of Current RX or refill on file at HPSP YES NO

If medication was wasted, who witnessed or what method used?

Date	Time	# Taken	# remaining	# + due to refill	# - due to Wasting
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Date	Time	# Taken	# remaining	# + due to refill	# - due to Wasting
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Total Taken 1-15

of pills taken during the month

Total Taken 16-31

of pills remaining end of month...

~~Completed logs are due to HPSP by the 5th of each new month~~