Department of County Human Services

Multnomah County

Aging, Disability & Veterans Services Division, Adult Care Home Program

Controlled Substance Count Sheet

MCAR 023-080-524: When a controlled substance is prescribed, the administration of the controlled substance shall be documented on an ACHP approved form separate from and in addition to the medication administration record. Complete this form in addition to the Medication Administration Record for each controlled substance.

Resident Name:	**Prescription Fill Date:**	
Medication Name:	**Prescription Number:**	
Physician's name:	**Administration Route:**	**Dosage:**

Use this form when administering a controlled medication to track the remaining amount of medication on hand. A witness signature is optional. The count should always match the amount of medication on hand.

Date	Time	Count of Meds on Hand	Amount Received	Amount Given	Amount Remaining	Signature	Optional Witness Signature