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| *Instructions:*  | * ***\*To be completed and authorised by a medical practitioner for medications prescribed on a regular basis \**** *- DSPs and RNs are not to complete or alter this form.*
* *The medical practitioner is to also review the client’s* [*Alcohol Form*](https://cerebralpalsyallianceau.sharepoint.com/sites/Policy-Library/Shared%20Documents/Promoting%20Client%20Health%20Policy/Alcohol%20Form.docx?web=1) *each time a new medication is added.*
* *To minimise risk to clients, CPA prefers typed rather than handwritten forms.*
* *This form is valid for 12 months from the MAF start date.*
* *Related Policy:* [*Medication Policy*](https://cerebralpalsyallianceau.sharepoint.com/sites/Policy-Library/SitePages/Medication-Policy.aspx)
 | [Insert photo here] |

| ***Accepted route abbreviations:******PO****=per oral;* ***PR****=per rectum;* ***PEG****=via PEG tube;* ***JJ****=via JJ tube;* ***Topical****=on skin (creams);* ***SC****=subcutaneous (e.g. insulin or other prefilled diabetes or weight loss medication);* ***SL****=sublingual. (Any other routes are to be written in full). CPA* staff are not trained to administer PV (per vaginally), IM (intramuscular) or other SC medications. |
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| ***Note:*** *Medical practitioners are requested when ordering liquid medication to write on the MAF the amount of the dose in mls to be given.* | **Page of**  |
| **Client name** |  | Date of birth |  |
| **Allergies** |  | **MAF start date** |  |
| **Medication****name & strength** | **Reason for medication** | **Route** | **Frequency***For medication that is prescribed/administered on a regular basis with longer intervals in between doses I.e. Prolia, please write next due date instead of time.* | Doctor -**Print name & phone** | **Doctor -****Sign name** | **Date ordered** | **Cease date & Dr initials** |
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