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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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