



**MENTAL HEALTH
AND RECOVERY
SERVICES BOARD**
of Stark County

ENRICHING LIVES THROUGH WELLNESS AND RECOVERY

CAPABILITY FOR SELF-ADMINISTRATION OF MEDICATION
(Must be completed by Psychiatrist)

Resident Name _____ Address _____

Resident Diagnosis Axis I _____
 Axis II _____
 Axis III _____
 Axis IV _____

List current medications (Route and frequency)

Note: Section 3722.011 of the Ohio Revised Code Rule 3701-20-18 of the Administration Code requires that residents who live in adult care facilities must be evaluated for their ability to self-administer medications with or without limited assistance.

- _____ No assistance needed.
 - _____ Needs assistance with opening medication container.
 - _____ Needs supervision to ensure directions on medication container are followed.
 - _____ Needs staff member to remove medication from locked storage compartment and hand it to the resident.
 - _____ Needs staff member to read the label and directions on the medication container upon request.
 - _____ Needs staff member to remind the resident and any other individual designated by the resident when prescribed medication needs filled.
 - _____ Resident is physically impaired but mentally alert, therefore:
 - _____ Needs assistance in removing oral or topical medication from medication container upon request or consent.
- Ohio Administrative Code 3701-20-17(C)(3) defines topical medication as “a medication other than a debriding agent used in the treatment of a skin condition or minor abrasion, and eye, nose or ear drops, excluding irrigation.”
- _____ Needs staff member to place a dose of medicine into his or her mouth, as the resident is physically unable to do so without spilling.
 - _____ Not capable of self-administration of medication for the following reason(s):

Psychiatrist Signature _____ Date _____

Date original sent to clinical record _____ Date copy sent to ACF Manager _____