## Monthly assessment of self-administration of medicines

| Resident's name |                           |                                  |                               |                          |                 |
|-----------------|---------------------------|----------------------------------|-------------------------------|--------------------------|-----------------|
| Date of birth   |                           |                                  |                               |                          |                 |
| Date            | Resident taking medicine? | Resident still suitable for SAM? | Drug chart<br>signed<br>SELF? | Resident still has keys? | Staff signature |
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