

# CHRYSALIS SPECTRUM



8300 Cypress Creek Parkway Ste. 450 Houston, TX 77070  
(P) 281-407-1662 (F): 832-218-8761

## *Chrysalis Spectrum Information Packet*

Client Name:

Record#

### Medication Responsibility Form

Initials

Option 1:

\_\_\_\_ Select this option if the family, caregiver or client is solely responsible for all aspects of client medications.

\_\_\_\_ Medication set up is done by:

\_\_\_\_\_ relationship: \_\_\_\_\_ and not the agency caregiver.

- No medication set up, assistance or administration is to be provided by the agency.
- Chrysalis Spectrum staff do not remind clients to take medication.

Option 2:

\_\_\_\_ Select this option if the Agency is partly or completely responsible for medication reminders.

\_\_\_\_ Medication set up is done by:

\_\_\_\_\_ relationship: \_\_\_\_\_ and not the agency caregiver.

- No medication set up or administration is to be provided by the agency.
- Medication reminding is done by the agency caregiver.
- A current list of medications from the primary physician or copy of medication prescriptions shall be provided to the agency along with a physical description of all medication.
- All medication shall be kept in the client home in the original bottles.
- Medications will be kept in a locked area if needed.
- Any medication changes shall be reported to the agency as soon as possible in the form of a current physician's order or copy of the prescription.
- All medication containers will be labeled with the time, route, and amount that the medication is to be given.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_