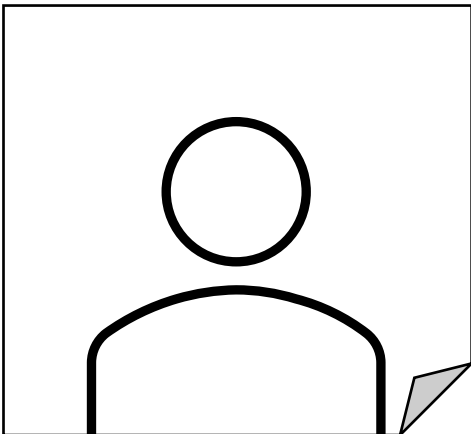


## Resident Information Sheet - Medicines Administration Record (MAR)

<b>Full Name:</b>		<b>Date of Birth:</b>	
<b>Preferred Name(s):</b>		<b>Room No:</b>	
<b>Allergies:</b>			
<b>Name of GP:</b>		<b>Name of GP Surgery:</b>	
		<b>Name of Pharmacy:</b>	
<b>Insert photo taken with resident's consent:</b>			
			
<b>Date of photo:</b>		<b>Date photo due to be updated as per care home policy:</b>	
<b>Details of special requirements:</b>			
<i>(Specify any swallowing difficulties, resident preferences, and choices about how the resident likes to take their medicines here)</i>			
<b>Completed By:</b>		<b>Countersigned By:</b>	
<b>Date:</b>		<b>Date:</b>	