

SAMPLE
Client Competency to Self Administer Medication

Client Name: _____ **Program:** _____

Based on education provided to the client and the client's understanding of the medications prescribed, he/she demonstrates the following skills:

1. **The client is able to state the name(s) of the medication.** Yes No
If no, describe client's current skill level: _____
2. **The client is able to state the purpose of the medication.** Yes No
If no, describe client's current skill level: _____
3. **The client is able to state when and how much medication should be taken and any other instructions about taking the medication (e.g. with food.)** Yes No
If no, describe client's current skill level: _____
4. **The client is able to state the common side effects of the medication and what to do if those side effects are experienced.** Yes No
If no, describe client's current skill level: _____
5. **The client is able to state whether or not he/she should drink alcohol while taking the medication.** Yes No
If no, describe client's current skill level: _____
6. **The client is able to state the potential consequences of not taking the medication or of not taking the medication properly.** Yes No
If no, describe client's current skill level: _____
7. **The client is able to state what to do if he/she misses a dose, takes a wrong dose, or experiences an adverse reaction to the medication.** Yes No
If no, describe client's current skill level: _____

Based on demonstration of these skills, the client is determined to be competent to:

- Independently self administer medication without staff supervision**
OR
 Self administer medication under staff supervision

Name of staff: _____ **Signature of staff:** _____ **Date:** _____