Individual Drug Record Template

## **Individual Drug Record**

Name:	HKIC no.:			
1. History of drug allergies: [ ]Yes	[ ]No [ ]Information unavailable	Date:		
2. Prescription drugs currently in use				

Name of drug, formulation, dosage, frequency/time of use, method of use	Date of starting the use of drug	Date of stopping the use of drug	Source of drug	Precautions	Signature