Medication list - source and review sheet

One person per sheet. Copy existing source instructions; mark uncertain details. Print and write by hand. No editable PDF form fields.

Person / household label: _____
Prepared on: _____ Reviewed by / date: _____
Original documents available at: _____

Name + strength as written	Dose / frequency / route as written	Source + source date	Status + confirmation basis / review note

Before sharing

[ ] Each row belongs to this person; original wording and units are retained.
[ ] Source dates and review dates are separate; unresolved conflicts stay visible.
[ ] Current / historical status has a recorded basis; otherwise mark unconfirmed.

Questions to confirm / person responsible:

_____

Keep completed copies private and share only with authorized recipients. This list is not a prescription, dose calculator, interaction checker or instruction to start, change or stop a medicine. Keep the source documents.