

Self-Administration of Medicines (SAM) Assessment form

Please Note: Referring Agency Staff to fill out on behalf of the client being referred.

The following form is for potential clients who are currently taking any medication for *any* form of health related conditions (both mental and physical health). *Note that if the potential client is not on any form of medication this form does not need to be filled out.*

The referring agency will need to complete this form on behalf of the potential client and send it over with the referral and risk assessment. We ask that the referring agency make it clear to all potential clients that Tranquil Minds Supported Housing does not administer medication and that the client will be responsible for any medication they take. This will be reiterated to the potential client during the interview stage.

The potential client must sign the bottom of the consent form.

Taking your own Medicines

It is important that you are aware that Tranquil Minds Supported Housing does not administer medication to service users. Instead the homes enable you to be responsible for taking your own medicines **and to do so in a manner that is safe for both you and others around you.**

- ❖ This is known as Self-administration of Medicines (SAM).
- ❖ Your medicines must be stored away safely and they are your responsibility at all times.

Medicines Safety

1. Medicines if not properly used can be dangerous.
2. It is your responsibility to keep the medicines in a safe place.
3. Do not exceed the prescribed dose.
4. Never share your medicines with anyone else.
5. You must keep staff updated with the medication you take, the dosage and if anything changes. This is so that in the event of an emergency staff are able to alert the appropriate medical professionals.
6. Any concerns that you have surrounding your medication, dosage or side effects then you should call your GP to speak with them or go straight to A&E.

Keep all medicines out of the reach of children.

Self-administration of medicines (SAM) assessment form

Name:			
Date of Birth:			
Assessment Criteria			
What medication is the client currently taking? Include dosage and what they are taking them for. (Continue on separate sheet if necessary)			
		Yes	No
Has the medication been prescribed by their GP?			
Is the resident responsible for administering their medication at present?			
Is the resident mentally and physically able to self-medicate?			
Can the resident open child resistant lids/blister strips; use their eye drops and inhalers, etc.?			
Can the resident read a label?			
Does the resident know:	What the medicines are for?		
	What dosage to take?		
	How to take the medication?		
	What to do if their supply runs out?		
	What to do if there's a problem with the medication?		

Self-administration of medicines (SAM)

Resident Consent Form

Name:	
Date of Birth:	

- I have read/someone has read to me and I have understood the information above
- The self-administration of medicines at Nova Housing Group has been fully explained I am willing to take responsibility for my medication
- I will keep the medication safe
- I understand that I MUST NOT share my medication with anyone.
- I know I must inform a member of staff if my medication needs change
- I agree to accept responsibility for the safe keeping of my medicines and any consequence of failing to take my medication in the prescribed way.

Resident: (Sign) (Print)

Staff: (Sign) (Print)

Date: