SELF-MEDICATION RISK ASSESSMENT TEMPLATE

Instructions:

- *Complete risk assessment to evaluate patient suitability for self-medication (medication stored in patient's cell) or supervised dosing*

SELF-MEDICATION RISK ASSESSMENT TOOL	Patient surname:	
	Patient first name:	
	Date of Birth:	
	Medical record number:	
	Sex:	
	Prison:	

Self-medication selection criteria		
1. Has the patient demonstrated any suicidal ideation, self harm, or been involved in medication overdose, abuse, or misuse in the past 6 months?	Yes ☐	No ☐
2. Are there records of a patient complaint of being bullied or bullying for medication in the last 6 months?	Yes ☐	No ☐
3. Have a clear understanding of dosing instructions?	Yes ☐	No ☐
4. Have the ability to recognise each medication provided?	Yes ☐	No ☐
5. Have the ability to handle packaging and tablets?	Yes ☐	No ☐
6. Know how to take their medication?	Yes ☐	No ☐
7. Understand that for any medication not included in monthly dispensing, attendance to the clinic for supervised medication is required?	Yes ☐	No ☐

Current medications *(included all routine, supervised, PRN and opioid dependence medications)*		
Medication name	**Included in monthly pack?**	**Comments**
	Yes ☐ No ☐	
	Yes ☐ No ☐	

Signatures			
Patient signature:		Date:	
Witness signatures:		Date:	
Practitioner approval:		Date:	