



BEHAVIORAL HEALTH
SPECIALISTS, INC.

Non-Prescription & Prescribed Drug Administration Log

900 West Norfolk Avenue, Ste 200
Norfolk NE 68701
402-370-3140

Name: _____

Month/Year: _____

Check box if none given/taken

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Medication
Dose
Prescribed By

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Medication
Dose
Prescribed By

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Medication
Dose
Prescribed By