

St. Clair County Community Mental Health Authority

Standing Medication Order

Individual: _____ Date: _____
Home: _____ Case #: _____
Home Address: _____ Allergies: _____
Health Conditions: _____

EMERGENCY INSTRUCTIONS:

Physician: _____ Phone #: _____
Dentist: _____ Phone #: _____
Hospital: _____ Phone #: _____

NON-EMERGENCY CONDITIONS:

Headache: _____
Constipation: _____
Diarrhea: _____
Fever: _____
Cold Symptoms: _____

Minor Abrasions, Cuts, Burns: _____
Menstrual Cramps: _____
Pain: _____

SKIN CONDITIONS:

Athletes Foot: _____
Chapped Extremities and Face: _____
Chapped Groin or Genitals: _____
Dry Scalp or Dandruff: _____
Corns or Calluses on Feet: _____
Insect Bites: _____
Sunburn: _____
Any Other Individual Needs: _____

Physician Signature

Date

Physician Address