Island Drug

MOT Intake Form

Patient Information

First_____MI____

Last_____

DOB_____/_____/_____ Sex: ☐M ☐F

MOT START DATE (First printed date on card):

Form Instructions

- ✓ Verify all information/medications are **current**
- ✓ Fill out all fields
- ✓ In the dose times boxes, write **the number of tablets/capsules** per dose (no "x's")

Medication	Strength	Directions	AM	AM	NOON	PM	PM		PRN	Notes

One Form Per Patient| Fill out all fields | PRINT CLEARLY | The AM and PM time slots are spaces for you to let us know what time you typically take your medicines, they will be printed on the card (PRN=as needed drug)