MINNESOTA HEALTH PROFESSIONALS SERVICES PROGRAM

Return form to HPSP:
Via email at hlbhpsp@state.mn.us or fax to 651-643-2163,
or mail to address to the right.

1380 Energy Lane, Suite 202
St. Paul, MN 55108
phone: 651-643-2120 / fax: 651-643-2163
website: mn.gov/boards/hpsp/

MONTHLY MEDICATION LOG

Use this form to document your use of controlled substances & return it to HPSP after ending the prescription or at end of the month.

PLEASE PRINT

Participant Name: DOB:	Prescriber:
Reporting Month/Year:	Is the prescriber your primary care provider? Yes ☐ No ☐
Medication/mg:	If no to above, is your primary care provider aware of rx? Yes ☐ No ☐
Dosing Instructions:	Pharmacy Name:

Copy RX on file? Yes ☐ No ☐ *Provide HPSP with copies of prescriptions for all controlled substances, including refills, within 3 days of filling.*

Date	Time	#Taken	#Remain
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			
8th			
9th			
10th			
11th			

Date	Time	#Taken	#Remain
12th			
13th			
14th			
15th			
16th			
17th			
18th			
19th			
20th			
21st			
22nd			

Date	Time	#Taken	#Remain
23rd			
24th			
25th			
26th			
27th			
28th			
29th			
30th			
31st			

- Use one form for each controlled substance.
- Ensure appropriate disposal of unused controlled substances.

Additional form available at *mn.gov/boards/hpsp/*