

# Individual Specific Training Form for Use of OTC Topical Drugs:

Individual's Name: \_\_\_\_\_

**Person's allergies:** \_\_\_\_\_

**Person's preferred product(s):**

◀ Product: _____	Reason for use: _____
◀ Product: _____	Reason for use: _____
◀ Product: _____	Reason for use: _____
◀ Product: _____	Reason for use: _____

**Person's ability to:**

- ◀ recognize need for product(s) (describe) \_\_\_\_\_
- ◀ apply product (describe) \_\_\_\_\_
- ◀ report problems with use of the product (describe) \_\_\_\_\_

**Other individual specific information:**

\_\_\_\_\_

\_\_\_\_\_

**Where to document use of product:** \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_