

**ADULT FAMILY-CARE HOME  
RESIDENT PRESCRIPTION LIST**

Resident \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_ Allergies \_\_\_\_\_

Name of Medication	Dosage	Directions for Use	Common Side Effects
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Health Care Provider to notify in case of omission, overdose or any adverse reaction to medication \_\_\_\_\_ Phone \_\_\_\_\_