

ADULT FOSTER CARE
MEDICATION INFORMATION

The AFC provider must complete this form for each medication.

See Attached Information from Pharmacy/Physician

Resident:	AFC Provider
Medication:	
Prescribed by:	Telephone Number:
Information on prescription label:	
Consequences of medication if not taken as directed:	
Adverse reactions that must be reported to the physician:	
Instructions from physician when to be notified if medication is not taken as prescribed:	
Medication started:	

Note when medication is changed or discontinued:

<u>Notation</u>	<u>Date</u>

Note any reports made to the physician when medication is not taken as prescribed or there are any adverse reactions:

<u>Notation</u>	<u>Date</u>