Vibrant Aging Community Center Ltd.

Resident or Representative Signature: _____ Date: _____

HEALTH AND MEDICATIONS INFORMATION	
List any current health conditions/diagnosis (including allergies) and treatments	
Diagnosis	Treatments

List All medications including prescription, over-the-counter, herbal preparations, topical medications, dietary supplements (including vitamins etc.)				
Medication	Dosage	Directions for use	Needs help with administration	
			Yes	No

Resident or Representative Signature:

X _____ Date: _____