



# **TLC Adult Family Home, Inc.**

OAC Rule 3701-20-15

## **RESIDENT RECORD**

*Resident's Name* \_\_\_\_\_

*Soc. Sec. No.* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Previous Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Telephone Number* ( \_\_\_\_\_ ) \_\_\_\_\_

*Date of Birth* \_\_\_\_\_ *Date of Admission* \_\_\_\_\_

*Physician Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City/State/Zip* \_\_\_\_\_

*Telephone Number* ( \_\_\_\_\_ ) \_\_\_\_\_

*Referring Agency or Person* \_\_\_\_\_

*Address* \_\_\_\_\_

*City/State/Zip* \_\_\_\_\_

*Telephone Number* ( \_\_\_\_\_ ) \_\_\_\_\_

## **MEDICATION RECORD**

| <i>DESCRIPTION</i> | <i>DOSAGE</i> | <i>PRESCRIPTION NO.</i> |
|--------------------|---------------|-------------------------|
|                    |               |                         |
|                    |               |                         |
|                    |               |                         |
|                    |               |                         |
|                    |               |                         |
|                    |               |                         |



# **TLC Adult Family Home, Inc.**

OAC Rule 3701-20-15

## **RESIDENT RECORD EMERGENCY INFORMATION**

*Resident's Name* \_\_\_\_\_

*In case of an emergency, contact* \_\_\_\_\_

*Address* \_\_\_\_\_

*City/State/Zip* \_\_\_\_\_

*Telephone Number* ( \_\_\_\_\_ ) \_\_\_\_\_

*Relationship* \_\_\_\_\_

*Other person(s) to contact in case of emergency:*

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City/State/Zip* \_\_\_\_\_

*Telephone Number* ( \_\_\_\_\_ ) \_\_\_\_\_

*Relationship* \_\_\_\_\_

*Physician to contact in case of emergency. (If different than physician already listed)*

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City/State/Zip* \_\_\_\_\_

*Telephone Number* ( \_\_\_\_\_ ) \_\_\_\_\_