

# Medication Refusal Documentation Form

Resident Name

Date of Birth

Room/Bed No.

Medication Name

Dose

Refusal Date

Time

Reason for Refusal (as stated by resident, if possible)

Action Taken (e.g., education provided, re-offered medication, notified provider, etc.)

Outcome/Resident Response

Was Provider Notified?

Staff Name

Signature

Date