

Senior Living Food Allergy Assessment

Resident Information

Resident Name

Date of Birth

Room Number

Assessment Date

Allergy Details

Known Food Allergies (list all)

Describe Reaction(s) to Allergens

Severity of Reactions

Who Diagnosed the Allergy?

Date of Last Reaction

Management

Required Dietary Modifications

EpiPen/Medications Required (list)

Special Instructions for Staff

Assessment Completed By

Name

Role

Signature

Date