



Medical Appointment Documentation

Date of appointment: _____

Child's Name: _____

Purpose of medical appointment:

Diagnosis/Findings of examination:

Medication(s) prescribed, if any:

Recommendations/Referral needed? Yes _____ No _____

If yes, what type of referral or follow up needed:

Next appointment needed by: _____

Physician's signature: _____

Print name: _____

Address: _____

Phone Number: _____

Foster Parents: *A physician's statement with the above information provided, including the physician's signature, is acceptable. Hospitalizations and emergency visits can be documented by the provider's itemized statement and discharge information. The annual physical examination and dental examinations are to be documented on separate forms. Please submit this form to your Family Consultant upon completion.*