



Medical Appointment Documentation

Date of appointment: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Purpose of medical appointment: \_\_\_\_\_

\_\_\_\_\_

Child's Height: \_\_\_\_\_ Child's Weight: \_\_\_\_\_

Diagnosis/Findings of examination: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication(s) prescribed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medication(s) prescribed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations/Referral needed? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**\*PLEASE ATTACH CERTIFICATE OF IMMUNIZATION IF UPDATED DURING APPOINTMENT**

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.*