HEALTH PROFESSIONAL APPOINTMENT LOG

NAME: Date of Birth:	Guardian ("G"): Phone # : Under what conditions does the guardian want to be notified:

DUE DATE	SCHEDULED DATE	REASON FOR THE VISIT OR PRESENTING PROBLEM	NAME OF TREATING PHYSICIAN/DENTIST/LAB X-RAY/PROFESSIONAL/THERAPIST	OUTCOME OF THE VISIT (see key below)				REFERRAL OR FOLLOW UP INFORMATION	"G" CALLED Yes or No

KEY: Outcome of the Visit "I" – Initial Visit "Res"-Condition Resolved "Ref"-Referral Made "Ret"-Return Visit Page

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