

# HEALTH PROFESSIONAL APPOINTMENT LOG

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