HEALTH PROFESSIONAL APPOINTMENT LOG

NAME Date of	E: 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	TREATING X-RAY/PR	NAME OF PHYSICIAN/DENTIST/LAB OFESSIONAL/THERAPIST	OUTCOM THE VI (see key b		/ISIT	-	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

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