

Documentation: Health Care Appointments

Person Served (last, first, middle)		Date (Month-Day-Year)
Reason for appointment		
Diagnosis (please print clearly)		
Prescribed treatment / medication		
Additional comments		
Attending Physician	Phone Number	
Clinic / Practise Name	Date (Month-Day-Year)	
Person filling out this report (print your name)	Signature	
Spaces below this line are for CBI Greystoke Home Health Admin Staff use only		
Guardian notified (name)	Notification date	
Guardian approved treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, comment	
Additional Comments		
Authorized CBIGHH Office Administrator	Signature	