

Medical Information Sheet

Name of client:		Date:	
Name and profession of the attending Professional: (e.g. Dr. Jones, Dentist)			
Type of Consultation:	Face to face	Telephone	Third Party (Guardian)
Name of Support Person attending:			

1. Reason for visit/consultation:

2. Information/Diagnosis:

3. Prescribed treatment/Medications (if applicable):

4. Referrals or follow up appointments (if applicable):

Date of next appointments (if applicable):

5. Prescribed information (if applicable):

Drug:

Dosage:

Times Administered:

Criteria for use:

6. Attached information

Yes

No

7. Forward for

ATEI

Behavior Management

(Signature of Employee Completing Form)

Binder(s):	Adult Services					Page:	1 of 1
Section(s):	Medical	R	01-10-11	R/R	Sept 24/12	R/R	Nov 12/15
Program Area(s):	Adult Disability	R	Feb 7/18				