SUMMARY OF VISIT

Take to today’s visit.
To be completed by Health Care Practitioner.

Checklist of items to leave with today:
- This form completed
- Completed Residential forms (may be requested for Adult Family Home, Assisted Living, etc.)
- Clinic’s visit summary

Name of Health Care Practitioner ________________________________________________________________
Location ____________________________________________________________________________________ Phone # _______________________
Next appointment: _____________________________________________________________
Schedule at least 30 minutes and the best time of day for the individual

Purpose of next appointment: _________________________________________________________________
What did you find during today’s visit?
____________________________________________________________________________________________
Treatment plan/Recommendations (including any needed referrals)
____________________________________________________________________________________________
____________________________________________________________________________________________
Who else may be involved (physical therapy, occupational therapy, speech therapy, etc.)?
____________________________________________________________________________________________
Suggestions for my general good health:
____________________________________________________________________________________________

Medication:

Any change in medication? □ Yes □ No

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<tr>
<th>New Medication</th>
<th>Dose</th>
<th>Purpose</th>
<th>Special instructions</th>
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Care provider signature: _____________________________________________ Date _________________

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