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

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 ________________________