

# SUMMARY OF VISIT



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

Date \_\_\_\_\_

## 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

New Medication	Dose	Purpose	Special instructions

Care provider signature: \_\_\_\_\_ Date \_\_\_\_\_