



Calgary Progressive Lifestyles Foundation

Providing Services for Citizens with DisAbilities

Doctor's / Professional's Case Notes

To be completed by Support Staff

Date: _____

Client's Name: _____

Doctor's / or Professional's Name: _____

Reason for visit: _____

Doctor's or Professional's Assessment: _____

Prescription ordered / cancelled: _____

Follow-up instructions: _____

Next appointment booked (if applicable): _____

Support Staff Printed Name

Support Staff Signature

Recorded in communication book _____ initial.