

Calgary Progressive Lifestyles Foundation  
**Doctor's / Professional Case Notes**

To be completed by Support Staff

Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Doctor's / Professional's Name: \_\_\_\_\_

Reason For Visit: \_\_\_\_\_

Doctor's / Professional's Assessment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Prescribed:      Yes      No

Medication Name: \_\_\_\_\_

Date Prescription was sent to pharmacy: \_\_\_\_\_

Date Prescription was received from pharmacy: \_\_\_\_\_

Follow-up instructions: \_\_\_\_\_  
\_\_\_\_\_

Guardian in attendance:      Yes      No

Guardian Informed:      Yes      No

Next appointment booked (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Support Staff Printed Name

  
\_\_\_\_\_  
Support Staff Signature

\_\_\_\_\_  
Case Manager Printed Name

  
\_\_\_\_\_  
Support Staff Signature