

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