



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

\_\_\_\_\_  
Case Manager Signature