



Calgary Progressive Lifestyles Foundation

## Professional Appointment Case Notes

To be completed by Support Staff

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

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

Professional's Name: \_\_\_\_\_

Reason For Visit:

Professional's Assessment:

Medication Prescribed:      Yes              No              N/A

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): \_\_\_\_\_

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Support Staff Printed Name

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Support Staff Signature

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Case Manager Printed Name

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Case Manager Signature