



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): _____

Support Staff Printed Name

Support Staff's Signature

Human Services Coordinator's Name