

MEDICAL TREATMENT SUMMARY

DSP PROVIDE: CURRENT MEDICATION LIST, HEALTH RECORDS, & INSURANCE ETC.

CONSUMER:

DOB:

DATE:

PHYSICIAN:

PHONE:

ADDRESS:

REASON FOR APPOINTMENT:

ACUTE ILLNESS OR INJURY

FOLLOW UP

INITIAL APPT W/PCP

MEDICATION REFILL

PHYSICALEXAM/TB

OTHER:

DIAGNOSIS:

FOLLOW UP INSTRUCTIONS:

DISCONTINUE MEDICATION

NEW PRESCRIPTION

RENEWAL

OTHER:

PHYSICIAN'S SIGNATURE: _____

DATE: _____

DSP/CARE PROVIDER: _____

DATE: _____