Record of Physician Office Visit
Consult Report

Section 1 (completed by the Agency)

Date:	ID#:
Name of Consumer:	Name of Specialist and type of consult:

Brief Reason for Visit(Describe the individuals symptoms or health complaint)

Support staff completing report

See Physician Order Sheet for current medications

Allergies:

Section 2 (completed by the Physician)

Physician's Progress Note: Please include impression, treatment plan and expected outcome

New Orders(Please include diagnosis for each medication, route and stop date)

Physician Signature/Date

Section 3; Staff checklist for new orders: initial as completed

___ Update physician order sheet ___ Order medication/ notify pharmacy ___ Write the next appt on calendar ___ transcribe orders to MAR _ __ progress note on the office visit ____ report to oncoming staff