

CHAMPLAIN COMMUNITY SERVICES, INC.
512 Troy Avenue, Suite 1, Colchester, VT 05446
655-0511 (P) 655-5207 (F)

MEDICAL OFFICE VISIT REPORT

Client Name: _____ Date: _____

| | |
|--|---------------------------------------|
| Primary Physician/Clinic | Physician Seen today: |
| Medications: see attached or list any recent additions | |
| Current Medical Problems: | |
| Reason for Visit/Presenting Problem | |
| Findings this Visit: | |
| Necessary Follow-Up: | New Prescriptions? Yes _____ No _____ |

Physician's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

