

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: \_\_\_\_\_

