

Monthly Appointments

Youth's Name: _____ Month: _____

Please indicate whether the youth in your home had any of the following appointments last month:

Medical Appointment

Yes No

If yes, date of visit: _____

Reason for visit: _____

Doctor's name/address: _____

Dental Appointment

Yes No

If yes, date of visit: _____

Reason for visit: _____

Dentist's name/address: _____

Vision Appointment

Yes No

If yes, date of visit: _____

Reason for visit: _____

Optometrist's name/address: _____

Other Appointment (Dr. Grimm, other Psychiatrist, etc.)

Yes No

If yes, date of visit: _____

Reason for visit: _____

Doctor's name/address: _____