The Arc
Greater Haverhill–Newburyport

57 Wingate Street, Suite 301
Haverhill, MA 01832

T: 978.373.0552
F: 978.373.0557
www.arcofghn.org

APPOINTMENT SUMMARY FORM

Date of Appointment: _____

Doctor: _____
Address: _____
Phone #: _____

Members Name: DOB: Caregiver: Allergies:
Current Medications: (check ( ) here if brought a copy of Medication Admin. Form)
Reason for Visit:
Related information: (ie: seizure activity in last month, medications changes from other MDs, changes in appetite/sleep/behavior, etc Attached data sheets if needed)
Caregiver Signature: Date:
PHYSICIAN IMPRESSION: RECOMMENDATIONS: CHANGES IN MEDICATIONS OR TREATMENTS: NEXT VISIT:
MD Signature: Date:

STT 3/2012

Achieve with us.