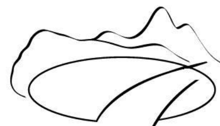
900 West Norfolk Avenue
Norfolk, NE 68701



YOUTH AND FAMILY SERVICES

Phone: 402-370-3140
Fax: 402-370-3373

TFC MEDICAL/EYE/DENTAL APPOINTMENT REPORT

Youth's Name		**Date**	/ /
Medical Office or Clinic Name			
Person(s) Accompanying Client			
Reason for Appointment	☐ **Medical** ☐ **Eye** ☐ **Dental** ☐ **Other**		
Comments:			

Diagnosis and Treatment

Medication	**Possible Side Effects**
Follow-Up Appointment (if needed)	

Doctor's Signature: ______________________________ **Date:** ____/____/______

RETURN TO: Behavioral Health Specialists, Inc. TFC