



**PROFESSIONAL SERVICE AND FOLLOW UP**

**To be completed prior to visit:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Accompanied By: \_\_\_\_\_

Treating Professional/Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason(s) for the visit:

<input type="checkbox"/> Acute Illness	<input type="checkbox"/> Eye Exam	<input type="checkbox"/> Therapy (type) _____
<input type="checkbox"/> Follow Up	<input type="checkbox"/> Gyn. Exam	<input type="checkbox"/> Lab Work (specify) _____
<input type="checkbox"/> Initial Consultation	<input type="checkbox"/> Annual Physical	<input type="checkbox"/> Diagnostic (specify) _____
<input type="checkbox"/> Acute Injury	<input type="checkbox"/> Dental Exam/Cleaning	<input type="checkbox"/> Mental Health/Behavior
<input type="checkbox"/> Other _____		

Symptoms (severity, frequency, duration):

\_\_\_\_\_

Questions:

\_\_\_\_\_

Pertinent Attached Information:

<input type="checkbox"/> Medication List	<input type="checkbox"/> Current Personal Summary	<input type="checkbox"/> Consults
<input type="checkbox"/> Labs	<input type="checkbox"/> Diagnostics	<input type="checkbox"/> Other _____

**To be completed by TREATING PROFESSIONAL:**

Diagnosis: \_\_\_\_\_

Progress Note: \_\_\_\_\_

Treatment Provided:

\_\_\_\_\_

New/Changed Medication (s) – Name/Amount/Frequency/Duration:

\_\_\_\_\_

FOLLOW UP INSTRUCTIONS/ORDERS:

\_\_\_\_\_

Restrictions for Activities/Work \_\_\_\_\_

Diagnostics \_\_\_\_\_

Labs \_\_\_\_\_

Diet \_\_\_\_\_ Therapy \_\_\_\_\_

Return Visit Needed?  Yes  No If so, when: \_\_\_\_\_

If no improvement in \_\_\_\_\_ days:  Return to office  Call doctor/office

If worsening:  Return to office  Call doctor/office

Signature of Treating Professional: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrative Offices**

**Chauncey Office**

35 May Ave., PO BOX 183  
Chauncey, OH 43138  
Ph: 740-797-0629  
740-797-0630  
Fax: 740-797-0631

**New Lexington Office**

311 S. Main St.  
New Lexington, OH 43764  
Ph: 740-342-4030  
Fax: 740-342-4050

**Logan Office**

1395 W. Hunter St.  
Logan, OH 43138  
Ph: 740-385-8900  
740-380-1695  
Fax: 740-385-5600

**Emergency Cell Phones**

740-541-1444  
740-621-3007

**Adult Day Services**

**New Day Activities**

311 S. Main St.  
New Lexington, OH 43764  
Ph: 740-342-4080  
Fax: 740-342-4050

**The Studio Group**

4831 Second St.  
Nelsonville, OH 45764  
Ph: 740-753-9955  
Fax: 740-753-9958

**Transportation Cell:**

740-818-3055

**Hocking Hills Day Activity Center**

1395 W. Hunter St.  
Logan, OH 43138  
Ph: 740-385-8900  
740-380-1695  
Fax: 740-385-5600

**Rendville Art Works**

6541 Main St. S.E.  
Corning, OH 43730  
Ph: 740-347-9139

