

***AdoptionLinks* of JFS  
Resource Family Program**

**MEDICAL DOCTOR VISIT**

Name of Child:

Birthdate:

Date of Visit:

Reason for Visit:

Symptoms:

Diagnosis:

Treatment Procedures:

Tests Conducted:

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Follow-up visit scheduled? \_\_\_\_\_ When? \_\_\_\_\_