



118 N. 5th St.
O'Neill, NE 68763

Phone: 402-336-4841
Fax: 402-336-4640

Medical Consultation

Foster Parent completes this section:

Youth's Name:		Date of Birth:	
SSN #:		Medicaid #:	
Foster Parent(s):			
CFS Worker:			
Current Medications & Dosages:			
Reason for Consultation: Please select all that apply below			
<input type="checkbox"/>	Appointment for Routine Physical		
<input type="checkbox"/>	Appointment for Routine Eye Exam		
<input type="checkbox"/>	Appointment for Routine Dental		
<input type="checkbox"/>	Appointment associated with illness, injury or complaints. Explain below:		
Date of Consultation:		Physician:	
Clinic Address:			
Physician Phone:		Physician Fax:	

Attending Physician completes this section:

Physician Comment / Diagnoses / Recommendations: (med changes, diagnosis, prescriptions, etc.)			
Dates of Additional Appointments or Follow-ups: (if needed)			
Physician's Signature:		Date:	