



118 N. 5<sup>th</sup> St.  
O'Neill, NE 68763

Phone: 402-336-4841  
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## 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 or Exam		
<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:	