ALCharts Plus
Assisted Living Software

Clinic Visit Record

Residents name first middle Last	Date of birth / /	X X X	Date / /

Physician _____ Clinic _____

Clinic address _____ Phone # _____

Resident Data / Concerns

☐ Current Allergy and Medication list attached

Physician Progress Note:

Orders (Unless otherwise specified, all medications are for 31 day supply with 6 month refills)

Physician signature _____ Date _____

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