ALL TOGETHER WE CAN, LLC

Supported Living Services

901 W. Civic Center Drive, Suite #400 • Santa Ana, CA

PHYSICIAN & MEDICAL APPOINTMENT LOG — 2026–2027

Client Name:		**Date of Birth:**	
Reporting Month:		**UCI / Case #:**	

Instructions: Record each medical, dental, or mental health appointment below. Complete all columns for each visit. If a follow-up is required, check "Yes" and enter the scheduled date in the last column.

Type of Appointment	Provider / Facility	Diagnosis / Reason for Visit	Date of Visit	Medication Prescribed	Treatment Plan / Instructions	Follow-Up Needed?	Next Appt. Date
Primary Physician						☐ Yes ☐ No	
Psychiatrist						☐ Yes ☐ No	
Dental						☐ Yes ☐ No	
Vision / Optometry						☐ Yes ☐ No	
Neurologist						☐ Yes ☐ No	
OB/GYN						☐ Yes ☐ No	
Specialist (Other)						☐ Yes ☐ No	
Urgent Care						☐ Yes ☐ No	
ER / Hospital						☐ Yes ☐ No	

Certification: By signing below, the client and staff member certify that the information recorded above is accurate and complete to the best of their knowledge.

Client Signature	Date	Staff Name & Signature	Date

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