

**FamilyTree Alternative Family Services, Inc.**  
**Consultation Report**

Client: \_\_\_\_\_ Record # \_\_\_\_\_

Medicaid ID # \_\_\_\_\_

Allergies: \_\_\_\_\_

Current diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for consultation: \_\_\_\_\_

\_\_\_\_\_

Physician's recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

