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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**Monthly Medical Log** |
| **Month:**       | **Year:**       |
| **Foster Youth:**       | **DCN:**       |
| **Resource Parent(s):**       | **DVN:**       |
| **Complete for all events during the month identified** – Policy 4.24.2 \* Use additional page, if necessary |
| **PHYSICIAN VISIT** |
| Date | Name / ClinicAddress / Contact Info | Purpose of Visit | Current Medication ChangeIncluding Dosages | New Medication Prescribed Including Dosages | Other (Including adverse reaction to medications |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **MEDICAL EVENT** |
| Date |  Medical Event | Treatment | Outcome |
|       |       |       |       |
|       |       |       |       |
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| **THERAPIST VISIT** |
| Date  | Name & Address / Contact Info | Purpose of Visit |
|       |       |       |
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| **INFORMED CONSENT DECISIONS** |
| Date | Treatment, Medication, etc for which consent was given | By Whom |
|       |       |       |
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| **UPCOMING APPOINTMENTS** |
| Date | Name & Address / Contact Info  | Purpose of Visit |
|       |       |       |
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| **MEDICATION LIST – List all medications (prescribed and OTC), current as of last day of the month, inclusive of all changes noted in Physician Visit Section.** |
| Medication Name | Dosage (strength & frequency) | Reason for Taking | Prescriber |
|       |       |       |       |
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