

**KIDS COUNT TOO, INC.**  
**1616 E. Wooster Street Unit #3**  
**Bowling Green, OH 43402**  
**419-354-5437**

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Foster Caregiver: \_\_\_\_\_

Dr.: \_\_\_\_\_ Date: \_\_\_\_\_

**Circle One:**

Illness / Accident      Follow-Up      Routine Appointment      Medication Evaluation

**Reason for Visit:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Diagnosis & Recommendations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Instructions, Treatments, Return Appointments, Etc.:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_