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|  | | | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’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 / Clinic  Address / Contact Info | | Purpose of Visit | | Current Medication Change  Including 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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