

# Physician's/Medical Provider Visit and Order Form

For individuals with Developmental Disabilities in Foster Care

...Foster provider to complete prior to appointment...

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient address: \_\_\_\_\_

Foster Care (FC) Home Provider: \_\_\_\_\_ FC Phone: \_\_\_\_\_

Medical provider (MP) name: \_\_\_\_\_ MP Phone: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

## ALL CURRENT MEDICATIONS: (may use back of form or attach MAR if needed):

Medication Name:	Dosage	Frequency	Route	Reason

## SUMMARY OF VISIT

### DISCONTINUED ORDERS:

### RECOMMENDATIONS:

### NEW ORDERS AND INSTRUCTIONS:

.....Medical provider to complete.....

**Medical Provider Signature**

**Date:**

*Note: PRN psychotropic medications are not allowed per Oregon Administrative Rules (OAR's) for foster care. Foster providers are required to obtain a balancing test in accordance with OAR's for any medication with the prescribed intent of which is to affect or alter thought processes, mood, or behavior*