



**Athens County Office**  
15765 Elm Rock Rd  
Nelsonville, OH 45764  
Voice: 740-753-9993  
Fax: 740-753-9995

**Hocking County Office**  
1395 W Hunter St  
Logan, OH 43138  
Voice: 740-385-8900  
Fax: 740-385-5600

**Perry County Office**  
311 South Main St  
New Lexington, OH 43764  
Voice: 740-342-4030  
Fax: 740-342-4050

Professional Service Follow Up

**To be completed prior to appointment**

Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_

Name of Physician and/or Facility: \_\_\_\_\_

Reason For Appointment: \_\_\_\_\_

Questions/Concerns: \_\_\_\_\_

**To be completed by Doctors Office**

Weight \_\_\_ lbs Height \_\_\_ Temp \_\_\_ Pulse \_\_\_ B/P \_\_\_ Respirations \_\_\_

Diagnosis of presenting Issue: \_\_\_\_\_

Medication Changes/New Prescriptions: \_\_\_\_\_

Follow Up Instructions (monitoring considerations, causes for concern, lab work, needed medical follow up, referral): \_\_\_\_\_

Limitations or Restrictions (lifting, sitting, standing, repetitive motion, length of time for activity ): \_\_\_\_\_

Date to Return to Day Service/Employment: \_\_\_\_\_

Signature of Attending Professional: \_\_\_\_\_

**Post Visit Staff Notes:**


Return Visit Y/N      When \_\_\_/\_\_\_/\_\_\_      Time \_\_\_\_\_ am/pm

