



Fostering hope for children and families.

"Our Mission is to foster resilience in children and families so they can thrive."

Medical Treatment Form

***Only use for follow-up appointments.
(DO NOT use for annual physicals)**

Name _____ **DOB** _____ **Date of Exam** _____

Teaching Parents

Reason for Appointment: _____

Treatment: _____

**If applicable, DSM-5 diagnoses
(including F code):** _____

Recommendations/Medications: _____

Health Care Provider Information (signature, title, and all information required for validation of form)

Provider's Signature: _____ **Date:** _____

Provider's Name and Title: (printed) _____

Practice Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Return This Form To:

Staunton

1215 N. Augusta Street
Staunton VA 24401
Phone: (540) 885-8841
Fax: (540) 886-6379

Charlottesville

1002 E. Jefferson Street
Charlottesville VA 22902
Phone: (434) 979-0335
Fax: (434) 979-0202

Harrisonburg

3201 Peoples Drive
Harrisonburg VA 22801
Phone: (540) 437-1857
Fax: (540) 437-9321