



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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Staunton
1215 N. Augusta Street
Staunton VA 24401
Phone: (540) 885-8841
Fax: (540) 886-6379 | <input type="checkbox"/> Charlottesville
1002 E. Jefferson Street
Charlottesville VA 22902
Phone: (434) 979-0335
Fax: (434) 979-0202 | <input type="checkbox"/> Harrisonburg
3201 Peoples Drive
Harrisonburg VA 22801
Phone: (540) 437-1857
Fax: (540) 437-9321 |
|---|---|---|