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| **Shelter**  | **Time** | **Date** |
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**Chief Complaint** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Client Information** |
| **Name:(Last, First)**  **Patient #**  |
| **Age:** | **DOB:** | **Male\_\_\_\_\_ Female\_\_\_\_\_** |
| **Address:**  |
| **City:** **State:** **Zip:** |
| **Emergency Contact Name & Number:** |
| **Caregiver Name & Number :**  |

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| **Allergies** |
| **List all Medications, Environmental, and food allergies (include type of reaction)** |
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| **Medications** |
| **Current Medication** | **Dose** | **Last Dose** |
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| **Medical History** |
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**Client Name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Document initial visit or treatment and each follow-up visit. Use medical terms;**  |
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Staff Prints Name, signature, credentials, date and time