

### SAMPLE: CONSULTATION REPORT

**TO:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FROM:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

<b>PATIENT NAME:</b> _____
<b>ADDRESS:</b> _____
<b>DATE OF BIRTH:</b> _____ <b>GENDER:</b> M/F
<b>REASON FOR CONSULTATION:</b> _____
_____
_____

#### CONSULTANT'S REPORT

Date of Consult: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assessment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnostic/Therapeutic Studies - as relevant:  
\_\_\_\_\_  
\_\_\_\_\_

Consultant: \_\_\_\_\_  
Signature Print Name

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Beeper#: \_\_\_\_\_

Please send report of findings to : Name/address/telephone#