

STATE OF OKLAHOMA  
DEPARTMENT OF HUMAN SERVICES  
**APPOINTMENT LOG**

Child's Name	Date of Birth	Case Medical Number
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After the appropriate type of appointment, i.e., medical, dental, counseling, WIC, SoonerStart, etc., give the date, reason for appointment, and the name and address of the provider. Provide information regarding the results of the appointment. Include the diagnosis, medication prescribed, follow-up appointments, evaluation, etc.

Type of Appt.	Appt. Date	Reason for Appt.	Name/Address of Provider, Clinic	Results
Medical				
Next Appt.				
WIC				
Next Appt.				
SoonerStart				
Next Appt.				

Type of Appt.	Appt. Date	Reason for Appt.	Name/Address of Provider, Clinic	Results
Dental				
Next Appt.				
Visual				
Next Appt.				
Home-based Services, Counseling				
Next Appt.				
Other				