

## Patient Encounter Worksheet

|                                      |   |
|--------------------------------------|---|
| <b>Office:</b><br><br>Phone:<br>Fax: | <b>Patient:</b><br><br>Pat ID:                      DoB:<br>Phone (H):                  HC #: |
| Physician:<br>Ref Doctor:            | Appt Date:<br>Appt Type:<br>Reason:   |
| Allergies:                           |   |
| Encounter Notes:                     |   |
| Diagnosis: _____                     |   |
| Signature: _____                     |   |