



**LifeSpan Family Services of PA**

203 Lane Avenue  
Punxsutawney, PA 15767

Phone: 814-938-4408 Fax: 1-814-690-1850

[www.LifeSpanFamilyServices.com](http://www.LifeSpanFamilyServices.com)

**Treatment Report**

(Take with you to any and all medical appointments)

Child's Name:	
Date of Birth:	
Date of appointment:	

Type of Appointment (Check one)		
<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Optometry
<input type="checkbox"/> Therapy	<input type="checkbox"/> Med Check	<input type="checkbox"/> Other:

Reason for Visit & Treatment Provided:

Follow Up (if needed, explain when and why)

List of Current Medications/Dosage (If Applicable)

\_\_\_\_\_  
Print Service Provider Name

\_\_\_\_\_  
Signature of Service Provider