

# Encounter Form

## Patient Information:

Name: Jane Doe Date of Birth: 01/15/1985  
Date of Visit: 08/10/2023 Patient ID: 123456789  
Contact Number: (555) 123-4567

## Medical Departments:

- General Medicine**
- Initial Consultation
- Follow-Up: \_\_\_\_\_
- Emergency Visit
- Regular Checkup
- Immunization
- Surgery Consultation
- Dental**
- Oral Exam/Cleaning
- Dental X-Ray
- Cavity Filling
- Orthodontia
- Surgery: \_\_\_\_\_
- Behavioral Health**
- Initial Psychological Evaluation
- Therapy Session
- Medication Consultation
- Crisis Intervention
- Vision**
- Initial Eye Exam
- Glasses Prescription
- Contact Lens Fitting
- Follow-Up: \_\_\_\_\_

# Encounter Form For Optometry

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