INTENT TO SEEK FOLLOW-UP FORM

On _____ I was advised that I should seek follow-up medical care
              Date

for _____ .

❑   **I have decided to obtain further medical care from:**

    Doctor or clinic: _____

    Address: _____

❑   **I have decided <u>not</u> to obtain follow-up care. I understand the reason the follow-up is recommended.**

    My reason for not obtaining follow-up is:

    _____

    Please enter this information in my files.

_____

Patient signature   **Date**