

**\*\*\*PLEASE SEND IN WITH MONTHLY ATTENDANCE LOGS\*\*\***

**Putnam County Comprehensive Services, Inc  
Monthly Event Summary**

Please write in the detailed information of the events listed below. If no events applicable please write N/A in the space provided.

**Client Name:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**Doctor Appointments:**

Doctor Name	Nature of Appointment	Date of Appointment
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Med Changes:**

Added/ Date	Discontinued/Date	Increased/Date	Decreased/Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Outings:**

Date of Outing	Nature of Outing	Destination of Outing
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Health Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behavioral Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_