



2/2005

**House of New Hope**

8135 Mt. Vernon Road  
St. Louisville, Ohio 43071  
Fax: 740.745.3429

Tel: 740.345.5437 (outside of Newark 888.200.1296 toll free)

**Routine Medical Examination**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Visit \_\_\_\_\_

Physican/Medical Provider \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Purpose of Visit:

Treatment Provided and/or Recommendations:

\_\_\_\_\_  
Signature of Medical Provider

\_\_\_\_\_  
Date