

## SICK CALL/REFERRAL LOG

FACILITY NAME:	
MONTH/YEAR:	

					Referred To:		
Name of Youth	DJJID#	Complaint/ Cause of Injury	Treatment Rendered	Staff Initials	RN/LPN	MD/ARNP/PA	Off-site MD/ Hospital
	Name of Youth	Name of Youth DJJID#	Name of Youth  DJJID#  Complaint/ Cause of Injury	Name of Youth  DJJID#  Complaint/ Cause of Injury  Treatment Rendered	Name of Youth  DJJID#  Complaint/ Cause of Injury  Treatment Rendered Initials  Initials	Name of Youth  DJJID#  Complaint/ Cause of Injury  Treatment Rendered  Staff Initials  RN/LPN	

