



Foster Family Agency
 "Our Children...
 Our Communities...
 Our Legacy..."

THERAPY/COUNSELING LOG

Foster Child Name: _____

Please include any mental health assessment, therapy and/or counseling appointments with specific dates in the form below. For any appointments for psychotropic medications, please list this as MD appointment on the *Medical/Dental/Mental Health Log* and have a *Health Care Confirmation Form* completed.

Date	Therapist Name/Location	Type of Appointment/Comments

Ready for Life
 Foster Family Agency
 962 Maraglia Street
 Redding, CA 96002
 PO Box 991393
 Redding CA, 96099-1393

 T (530) 222-1826
 F (530) 225-8780
 Facility Lic 455 002 824
 www.readyforlife.net