Present Medical Treatment - (List Current Treating Physicians)

Doctor	Specialty	Phone#	Fax#	Frequency of visits	Date of Last Appt.
1.					
City:					
2.					
City:					
3.					
City:					
4.					
City:					

Therapy	Name of Therapist	Phone#	Fax#	Facility	Frequency
PT					
City:					
OT					
City:					
ST					
City:					
City:					

Medication	Strength	# Tablets per day	Purpose	Prescribed by

Over-the-Counter Medication (s): _____

_____

Name of Drugstore and Phone Number: _____

_____