## 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
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| | | | | |
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| | | | | |

Over-the-Counter Medication (s): _____

_____

Name of Drugstore and Phone Number: _____

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