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| **Medical Providers AND Contact Info:**This MUST include the FULL doctor’s name and facility EXCEPT for hospitalizations/urgentcare. For example:Philadelphia Health AssociatesDr. John Brown\*obtain full contact information, including suite numbers where applicable and fax numbers when available. | **First Visit**:Please include month and year. | **Last/Most Recent Visit:**Please include month and year.(Do not use present because we are continuously updating) | **Notes:**Please include:1 – Doctor Specialty2 – Impairments the doctor is treating for3 – Medications prescribed by this provider and/or facility4 - Anything else relevant |
| Date of Disability (this is the date we are working from – the date they stopped working or otherwise became “unable to work.” We should have a complete list of all doctors and hospitalizations (including ER & Urgent Care) from one year prior to the date of disability going forward.**CLIENT NAME: << Matter.Client.Name >>****DATE OF DISABILITY: << Matter.CustomField.DisabilityStartDateAod >>****DATE LAST UPDATED: insert here**  |
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Don’t forget to change DATE LAST UPDATED!