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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 Associates  Dr. 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 Specialty  2 – Impairments the doctor is treating for  3 – Medications prescribed by this provider and/or facility  4 - 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!