

MEDICAL TREATMENT UPDATE

It is important that you periodically update the law office regarding your medical care. Please take a few minutes to complete this one page form and return it to our office by either mail or fax.

1. Are you still receiving medical care? Yes No
(Please complete this form even if you are done treating)

2. What areas of your body are still bothering you? (For example: neck, back, legs, arms, headaches, etc). Try to be as specific as possible.

3. Please list any medical care you have received since you last completed this form.

4. Please identify the medical care you think you may receive in the future.

5. Please list any questions you have for your attorney.

Thank you for taking the time to complete this form. Remember, our office will not begin collecting your medical records or begin trying to resolve your case until you have reached maximum medical improvement. Be certain to let us know when you are done treating.

FOR OFFICE USE ONLY

<p>Client: Phone #: Attorney: Date Sent: Date Returned:</p>	
---	--