

RECENT MEDICAL TREATMENT AND EXAMINATION

Name: _____

Tell us about all your medical treatment and examinations since the last decision in your case:

**TREATMENT & EXAMINATION BY DOCTORS, PSYCHOLOGISTS,
COUNSELORS, CHIROPRACTORS, PHYSICAL THERAPISTS, ETC.**

DOCTOR, ETC.	NAME & ADDRESS	WHICH CONDITION WAS TREATED?	APPROXIMATE DATE
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What have these people told you about your condition? _____

INPATIENT AND OUTPATIENT HOSPITAL TREATMENT & EXAMINATION

NAME AND ADDRESS OF HOSPITAL	WHY DID YOU GO TO THE HOSPITAL?	APPROXIMATE DATE	DESCRIBE THE TREATMENT/TEST
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PLEASE SIGN, DATE AND RETURN THIS TODAY TO YOUR REPRESENTATIVE

Sign here: _____ Date: _____