

Treatment Status - Jeanette Keller

CLIENT NAME:

DATE OF ACCIDENT: ____ / ____ / ____

DATE:

FILE NO.: ____

NAME, ADDRESS AND TELEPHONE NUMBER OF DOCTOR YOU ARE CURRENTLY TREATING WITH:

HOW OFTEN ARE YOU RECEIVING PHYSICAL THERAPY?

ARE YOU TREATING WITH ANY SPECIALIST?

IF SO, LIST NAME, ADDRESS AND TELEPHONE NUMBER OF SPECIALIST:

PRESENT COMPLAINTS:

DO YOU HAVE ANY TINGLING, NUMBNESS OR FALLING ASLEEP SENSATIONS IN YOUR ARMS OR LEGS?

ARE YOU SATISFIED WITH THE TREATMENT YOU ARE RECEIVING FROM YOUR DOCTOR?

HAVE YOU COMPLETED YOUR TREATMENT?

IF SO, WHEN WHERE YOU FORMALLY DISCHARGED?

DID YOU MISS TIME FROM WORK?

IF SO, LIST DATES YOU MISSED FROM WORK



X _____



Signature Certificate

Document name: Treatment Status - Jeanette Keller

🔒 Unique Document ID: 18D3482C739B23BF448EB0DC46D193CAF2064FFB



Timestamp

June 30, 2020 6:21 pm GMT

June 30, 2020 6:22 pm GMT

Audit

Treatment Status - Jeanette Keller Uploaded by David Rosenbaum - test@rosenbaumfirm.com IP 162.221.24.2

Jeanette Keller - jkeller@rosenbaumfirm.com added by David Rosenbaum - test@rosenbaumfirm.com as a CC'd Recipient Ip: 162.221.24.2



This audit trail report provides a detailed record of the online activity and events recorded for this contract.