

# Treatment Status - Sam Lee

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

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May 21, 2020 12:07 am GMT

## Audit

Treatment Status - Sam Lee Uploaded by David  
Rosenbaum - test@rosenbaumfirm.com IP 68.80.162.82

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