## **Treatment History / Treatment Status Form**

- This form assists us in collecting all of your medical records and medical bills.
- For physicians that we referred you to or local hospitals you don't have to include the address or telephone number. We usually only need this information for physicians that we do not commonly work with or who are not local.
- By listing your final treatment date or indicating your treatment has not yet completed, we can ensure that we have a complete copy of your records from your medical providers.

Physician's Name or Name of Practice	Telephone Number or Address	Approximate Date(s) of Treatment
		Last Treatment Date:
		☐ I only treated here one time.
		☐ I have an appointment with this physician on
		Last Treatment Date:
		☐ I only treated here one time.
		☐ I have an appointment with this physician on
		Last Treatment Date:
		☐ I only treated here one time.
		☐ I have an appointment with this physician on
		Last Treatment Date:
		☐ I only treated here one time.
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		Last Treatment Date:
		☐ I only treated here one time.
		☐ I have an appointment with this physician on