

MEDICAL HISTORY

EMPLOYEE

EMPLOYER

ADDRESS

DATE OF INJURY

CITY, STATE, ZIP

DAYTIME PHONE NUMBER

Please list below all hospitals and doctors including medical doctors (MD), chiropractors (DC), osteopaths (DO), physical therapists, psychologists, psychiatrists, or any other medical care provider you have seen in the last 10 (ten) years.

Name, Address and Phone #'s of Providers	Treatment Date(s)	Type of Treatment