

Disability Law Office of Kay Tracy, Esq.
Information for Initial Consultation

Identify Providers:

Name: Clinic Name:
Complete Address
Specialty: Complete Phone Number
Dates of Treatment: From To

What did this provider do?

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Hospital/ER

Hospital Name:

Hospital Address:

How many ER visits for all problems in the past 5-years?

Dates & Reason for Visits – *Use your Best Guess (don't stress)*

How many Inpatient (overnight) stays have you had in the past 5-years?

Dates & Reason for Visits – *Use your Best Guess (don't stress)*

What other things have you done for treatment?

Physical Therapy Chiropractic (If yes, please add to your treating provider list.)