



Pertinent Information Form

Name: _____ **Date:** _____

Please provide the following information.

List of all doctors you have seen in the past 12 months. Please include their name, phone number and specialty-

Current Pharmacy: Please include name and the phone number of the pharmacy.

Current Medication List: Please list all current medications and dosing. Include supplements, vitamins, and any over the counter medications-

Allergies: Please list **all** allergies (medication, environmental, food etc.)

Case Manager: If you have a case manager please include their name, company name and phone number.

Please bring any radiology studies, discs, or films you have had done since your injury.