



# MEDICAL TREATMENT CHECKLIST

## INSTRUCTIONS -

THIS CHECKLIST IS TO BE BROUGHT WITH YOU TO MEDICAL APPOINTMENTS TO ENSURE YOU HAVE PROPER TREATMENT AND CONSISTENCY TO MAXIMIZE COMPENSATION. YOUR SYMPTOMS SHOULD BE UPDATED AND SHOWN TO EACH DOCTOR REGARDLESS OF SPECIALTY. KEEP UP TO DATE WITH DOCTOR VISITS, TREATMENTS AND PROCEDURES SO THAT NOTHING WILL SLIP THROUGH THE CRACKS. KEEP TRACK OF TIME MISSED FROM WORK TO SEEK LOSS OF EARNINGS COMPENSATION.

DATE OF INCIDENT \_\_\_\_\_ NAME \_\_\_\_\_

NAME OF INSURANCE \_\_\_\_\_

## SYMPTOMS/INJURIES:

## DOCTOR VISITS:

## TREATMENT/PROCEDURES:

## TIME OFF WORK:

## ATTORNEY INFORMATION:

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