

List of Health Care Providers

Patient Name _____

Date of Birth _____

Please list any health care providers that the patient has seen since his/her symptoms began. Be sure to include the primary care physician, therapists, dietitians, psychiatrists, occupational therapists, physical therapists, alternative medical providers, medical specialists, etc. In the last column please indicate when this provider was last seen.

Please fill out a release form for Dr. Carlton to be able to speak to and obtain records from each of these providers

Name	Specialty	Address	Phone Number	Last seen