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(Main Office)

Client Medical Treatment Status Update

CONFIDENTIAL

As you know, every four to six weeks we ask each of our clients that is still in the “treatment phase of their case” to give us an update on the status of their condition and treatment. We provide this form to clients to make it easier for them to send us the information that we need. All information in this form is CONFIDENTIAL and protected under attorney-client privileged.

Today's Date

Client's Name

OPTIONAL: Name of person filling out this form.

What is your email address?

What is your phone number?

Are you currently receiving medical treatment for injuries that were caused in your accident?

- Yes, I am still getting regular medical treatment for my accident-related injuries. ***Proceed To Section Two.***
- Yes/No, I should be getting treatment for accident-related injuries but I have not. ***Proceed to Section Three.***
- No, I am not being treated for accident-related injuries. ***Proceed To Section Four.***

SECTION TWO - STILL TREATING

Are you still attending regularly scheduled medical appointments? If yes, how often?

Have you had any appointment recently?

Has your medical provider changed your treatment plan?

Is your medical provider ordering more tests or specialized treatment?

Is your medical provider ordering more tests or specialized treatment?

Have you been referred to another medical provider?

Has your condition changed? Are you feeling better? Are you feeling worse?

SECTION THREE - STILL INJURED / NOT GETTING MEDICAL TREATMENT

**Please explain why you have been unable to get medical treatment?
Transportation? Inability to pay? Other?**

SECTION FOUR - FINISHED TREATMENT

Is there anything we need to know about how/why your medical treatment ended? Did your doctor(s) release you?