

In the Court of Common Pleas of Adams County, Pennsylvania

Phone: (717) 337-9804

Fax: (717) 334-3440

Member Name: _____

Docket Number: _____

PACSES Case Number: _____

Other State ID Number: _____

Please note: All correspondence must include the PACSES Case Number.

PHYSICIAN'S INFORMATION REQUEST

TO BE COMPLETED BY ATTENDING PHYSICIAN:

Physician's Name: _____

Nature of patient's sickness or injury (Describe complications, if any)

(a) Date of first treatment: _____

(b) Date of most recent treatment: _____

(c) Frequency of treatments: _____

(d) Medications: _____

The patient has been continuously disabled (unable to work) from:

_____ through _____

If still disabled, when should patient be able to return to work? Are there limitations?

REMARKS: _____

Date: _____

Signed: _____

(Attending Physician)

I hereby authorize my Physician to
release the above information to

the Adams County

Domestic Relations Section.

(Physician's Address)

Date:

Patient's Signature

In the Court of Common Pleas of Adams County, Pennsylvania

**Domestic Relations Section
123 Baltimore Street, Gettysburg, PA 17325**

PHYSICIAN'S INFORMATION REQUEST

ADDENDUM TO BE COMPLETED BY ATTENDING PHYSICIAN:

Describe how the patient's sickness, injury, disability currently affects the patient's work duties or prevents the patients the patient from maintaining employment (whether full or part time)?

If the patient is able to return to work with disability limitations, describe those limitations and indicate if and how those limitations prevent from continuing previous work duties.

If the patient's sickness, injury, or disability affects the patient's work duties or prevents the patient from maintaining employment (whether full or part time). might the patient be referred for treatment or evaluations to another practitioner (i.e. a specialist)?

Is this patient a candidate for vocational rehabilitation? _____

Date: _____

Signed: _____

(Attending Physician)