



# ARTHRITIS CARE CENTER, PC

COMPLETE RHEUMATOLOGY CARE

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## **WORK COMP / LIABILITY / PERSONAL INJURY**

**PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS.**

Is the purpose for this medical appointment to seek information for a:

Work Comp Claim?*	-----YES	_____	NO	_____
Liability Claim?*	-----YES	_____	NO	_____
Personal Injury Claim?*	-----YES	_____	NO	_____

\*If you have answered yes to any of the above questions listed above, please call our office at 309-762-4500, prior to your appointment so we may obtain additional information. It is your responsibility to call our office in advance so that we may facilitate these services.

Today's Date: \_\_\_\_\_

Signature of Patient \_\_\_\_\_

Print Name \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_