**Please list the following for each doctor and hospital that you have seen for any of the conditions listed as part of your SSD and/or SSI case: full name of doctor, address, phone number, fax number, diagnosis received (if any given), and approximate date of treatment with that doctor.**

**For Child’s SSI cases and those clients with ADD/ADHD or Learning Disabilities, please list the name, address and phone number of all of the schools you have attended. Please indicate if you were enrolled in any special education classes.**

**MEDICAL CONTACT INFORMATION SHEET (FOR NEW CLIENT’S & TO BE USED TO UPDATE EXISTING CLIENT’S MEDICAL CONTACT INFO.):**

**1. 7.**

**2. 8.**

**3. 9.**

**4. 10.**

**5. 11.**

**6. 12.**