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**Medical Treatment Status Letter to Counsel**

Kindly print out and fill in the following questions to inform me of your present physical condition and treatment.

Today's date: \_\_\_\_\_

1. Please state the name, address (supply business cards), field of specialty and frequency of visits for each doctor you are presently seeing.
  
  
  
  
  
  
  
  
  
  
2. Please state the name and address of each therapist you are presently seeing.
  
  
  
  
  
  
  
  
  
  
3. Please state the name of each medication or analgesic you are presently taking setting forth the name of the doctor who prescribed the drug and the reasons for each prescription. Please also state the dosage.
  
  
  
  
  
  
  
  
  
  
4. Have you seen any physicians since the date of your accident for conditions not related to injuries sustained in the incident? If so, please state:
  - (a) the name and address if each physician;
  - (b) their field of specialty;
  - (c) the number of visits; and
  - (d) the reason for each visit.
  
  
  
  
  
  
  
  
  
  
5. Please state all your current physical complaints (all symptoms) due to the incident, to what parts of your body, the frequency (in not constant, state how long the pains last) as well as the intensity (1-10 scale if that is helpful).

6. Please state all your current physical complaints for conditions not related to the incident, if any.
  
7. Please state all activities that enhance your pains due to the incident (include activities/actions/body movements at work, home, leisure).
  
8. Please state all the things that you presently do, but now with pain (include activities/actions/body movements at work, home, leisure).
  
9. Please state what things you are limited in doing and state the reasons why (include activities/actions/body movements at work, home, leisure).
  
10. State all the things that you are now completely unable to do because of the injuries suffered in the incident and state the reasons why (include activities/actions/body movements at work, home, leisure).

If you do not have enough room in the spaces provided for your answer, please use additional sheets of paper numbering each answer accordingly.

If you are discharged from any medical provider, please call the office to inform me the date you were discharged.

Thank you for your cooperation,

**- ANDY GARRUTO**