

Record of medical treatment

Use this form **after** your first medical treatment for **each visit** you make to the doctor or health care professional. *Make copies of this form **BEFORE** you fill this out.*

Name of Doctor: _____

Name of Hospital or Clinic: _____

Date and time of treatment: _____

Check one:

I went to a doctor I chose: _____ The claims representative told me to go to this doctor: _____

My employer told me to go to this doctor: _____ This appointment was a referral - from one doctor to another doctor: _____

This is a change of doctor: Yes /No

I selected the new doctor: _____ My employer selected the new doctor: _____
My claims representative selected the new doctor: _____

Driving to the hospital or clinic: Fill out the Transportation Expenses Form.

Write down the medication prescribed by the doctor:

Instructions from the doctor. What I have been told to do:

Next appointment: Date: _____ **Time:** _____

Location: _____ **Doctor:** _____

ALL PAPERS FROM YOUR DOCTOR'S APPOINTMENT ARE TO BE PLACED IN YOUR WORKERS' COMPENSATION CLAIM FILE.

New Mexico Workers' Compensation Administration Workbook for Injured Workers.
If you need help, call the HELPLINE at: 1-866-967-5667.