

GENERAL USE QUESTIONNAIRE

(If there is not a specific impairment questionnaire, then please complete this form)

CLIENT NAME: _____
Submit the Client Information Questionnaire with this form

1. List impairment:
(Give as much detail as possible, include when the condition was diagnosed, how it was contracted, and current prognosis)

2. Has there been any treatment?
(start and end dates, name of treatment)

3. Is client taking any medication? (accurate name, dosage, and reason)

4. Are there any other health issues?

Producer Namer: _____

Please fax form to 612-392-7644 or email to mvp@mvp-servicesolutions.com

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