



CRAIG A. FAHEY

ATTORNEY AT LAW

New Client Intake Form

NAME: _____ DATE OF BIRTH: _____

SSN: _____ PHONE: _____

ADDRESS: _____

YOUR MEDICAL HISTORY

MEDICAL PROVIDER: MD / HOSPITAL / LAB	ADDRESS PHONE FAX	DATES OF TREATMENT	MEDICAL CONDITION TREATED

YOUR WORK HISTORY

JOB TITLE	TYPE OF WORK	DATES OF EMPLOYMENT	
		FROM	TO



CURRENT MEDICATIONS

NAME OF MEDICATION	DOSAGE (MG/CM)	FREQUENCY TAKEN	PRESCRIBING DOCTOR'S NAME	PURPOSE AND SIDE EFFECTS