

PWA SHORT TELEPHONE INTERVIEW

ID NO: _____

DATE: ____ / ____ / ____

Have you had any serious illness(es) or significant symptom. since your last contact with us? IF YES, briefly describe all illnesses below, Details are especially helpful on any AIDS diagnoses, cancer or any neurologic conditions.

_____/_____/_____
_____/_____/_____
_____/_____/_____

Name and address of the doctor and/or hospital that we may contact for further information: (Any information that you provide will be helpful).

Dr. _____

Address _____

City _____

Telephone (_____) _____

Hospital _____

City _____

Admission Dates _____ / _____ / _____

OVER, PLEASE