

DALLAS NEUROLOGICAL ASSOCIATES

NEW PATIENT: _____

DOB: _____

LEGAL REPRESENTATION DISCLOSURE

I have **not nor do I plan** to retain an attorney to represent myself in a claim for Motor Vehicle Accident (MVA), any personal injury or Workman's Compensation for a work related injury that could result in any type of litigation.

DISABILITY CLAIM DISCLOSURE

There is a **mandatory wait period after initial consultation of 1 year** for any requests for disability benefits or FMLA to be considered so that we have a documented patient history. These requests should go through your primary care physician or diagnosing physician when applicable.

Patient signature

Date

Revised 4/28/17