## AGED AND DISABLED WAIVER ADDITIONAL PHYSICIAN INFORMATION

| ADW Member Name:                                                               |            |  |
|--------------------------------------------------------------------------------|------------|--|
| Date:                                                                          |            |  |
|                                                                                |            |  |
|                                                                                |            |  |
| Other: Specialists; Physical, Speech, o                                        |            |  |
| Therapist; Counselors/Psychiatrist; E                                          | tc.        |  |
| Name:                                                                          |            |  |
| Specialty                                                                      |            |  |
| City/State                                                                     | Phone      |  |
| Frequency                                                                      | Last Visit |  |
|                                                                                |            |  |
| Other: Specialists; Physical, Speech,<br>Therapist; Counselors/Psychiatrist; E |            |  |
| Name:                                                                          |            |  |
| Specialty                                                                      |            |  |
| City/State                                                                     | Phone      |  |
| Frequency                                                                      | Last Visit |  |
|                                                                                |            |  |
| Other: Specialists; Physical, Speech,<br>Therapist; Counselors/Psychiatrist; E |            |  |
| Name:                                                                          |            |  |
| Specialty                                                                      |            |  |
| City/State                                                                     | Phone      |  |
| Frequency                                                                      | Last Visit |  |
|                                                                                |            |  |

**Other:** Specialists; Physical, Speech, or Occupational Therapist; Counselors/Psychiatrist; Etc.



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| Name:                                       |                                                      |
|---------------------------------------------|------------------------------------------------------|
| Specialty                                   |                                                      |
| City/State                                  | Phone                                                |
| Frequency                                   | Last Visit                                           |
|                                             | •                                                    |
| Other: Specialists; Physical, Speech, or Oc | ccupational Therapist; Counselors/Psychiatrist; Etc. |
| Name:                                       |                                                      |
| Specialty                                   |                                                      |
| City/State                                  | Phone                                                |
| Frequency                                   | Last Visit                                           |
|                                             | <u> </u>                                             |
| Other: Specialists; Physical, Speech, or Oc | ccupational Therapist; Counselors/Psychiatrist; Etc. |
| Name:                                       |                                                      |
| Specialty                                   |                                                      |
| City/State                                  | Phone                                                |
| Frequency                                   | Last Visit                                           |
|                                             | <u>'</u>                                             |
| Other: Specialists; Physical, Speech, or Oc | cupational Therapist; Counselors/Psychiatrist; Etc.  |
| Name:                                       |                                                      |
| Specialty                                   |                                                      |
| City/State                                  | Phone                                                |
| Frequency                                   | Last Visit                                           |



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