## **ARTHRITIS**



CLIENT NAME: \_\_\_\_

Submit the Client Information Questionnaire with this form

- 1. What type is it? (Example: rheumatoid, osteo, gouty, etc.)
- 2. When was it initially diagnosed?
- 3. Are the joints involved?
- 4. What is the type of treatment, and does it include cortisone?
- 5. What medications and how often? (accurate name, dosage, and reason)

New Generation Insurance Marketing Inc. 28073 Smyth Drive, Valencia, CA 91355. Phone 818-920-1777. CA Corp Lic. # OB07002