



Provider	Primary reason for seeking treatment	Age at first treatment	Age at last treatment	Outcome	Additional Comments
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***Please return this form to the office one day prior to your appointment or email it to [hwanderson@q.com](mailto:hwanderson@q.com). Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at [www.sendinc.com](http://www.sendinc.com) and mail it securely. You will need to set up an account, which is free. Thank you.***