

Director:
Diane L. Chantiles-Brant

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Court of Common Pleas of York County, PA
Domestic Relations Section
York County Judicial Center
45 N George St, Ste 2100
York, PA 17401-1240

Phone:
(717) 771-9605
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(717) 771-9817
Hours:
7:30am - 4:30pm
Weekdays

PHYSICIAN VERIFICATION FORM
To Be Completed By Attending Physician:

Case Number: _____
Return by: _____
Return to: _____

1. Patient Name _____ Age: _____ SSN: _____

2. Diagnosis: _____

- Date of onset: _____
- Date of first treatment: _____
- Date of most recent treatment: _____
- Frequency of treatments: _____
- Medications: _____

3. Is Patient currently: (check all that apply)
 Fully disabled **Partially disabled** **Capable of light duty**
 Capable of sedentary employment **Able to work part-time** **Able to work full-time**

4. Briefly describe the patient's limitations: _____

5. Has patient been continuously disabled? **Yes / No** **If yes**, from what date: _____
If still disabled, when will the patient be able to return to work: _____

Remarks: _____

Attending Physician Signature

Date

Attending Physician Address

**I hereby authorize my physician to release the above
Information to York County Domestic Relations Section**

Patient's Signature

Date