BUILDING TRADES UNITED PENSION TRUST FUND

History of Medical Condition

Patient's Name (please print) _____ Date of Birth _____

Craft or Trade _____

I hereby consent to the release of the information requested below to the Building Trades United Pension Trust Fund. I understand the physician's office must submit this report DIRECTLY to the Pension Fund. The Pension Fund Office will not accept this report from anyone other than my physician's office.

_____ _____

Signature Date

TO THE PHYSICIAN:

This patient is attempting to provide the Trustees of the Building Trades United Pension Trust Fund with information regarding a disability he states has been in existence since _____. Please answer the following questions as thoroughly as you can. Even if you have not treated this patient for a long time, or the patient is new to your practice, any information you can provide will be helpful. Please use the comment section at the bottom to include information you have which was not requested but that you feel would be relevant to verify the existence of a disability. We encourage you to contact the Pension Fund Office if you have any questions.

Date of Patient's initial exam: _____ Initial Diagnosis: _____

_____

Date the disability began: _____

Treatment provided: _____

Physical restrictions caused by disability: _____

Probable duration of physical restrictions: _____

Date of most recent exam: _____ Most recent diagnosis if different from initial diagnosis: _____

_____

Did you treat this patient continuously between initial exam and the most recent exam? _____

Dates of any surgery performed for this diagnosis: _____

Current physical restrictions: _____

Do you have access to any medical documentation regarding this disability prior to your initial exam? _____

If so, please provide the period of time the medical information covers and how this information affected your diagnosis.

_____

Comments _____

(Please use reverse side if necessary)

Physician's Name _____ Physician's Signature _____

(Please Print)

Address _____

Telephone # _____ Date _____

Physician: Submit DIRECTLY to:

Building Trades United Pension Trust Fund * PO Box 530 * Elm Grove WI 53122

Phone (262) 784-7880 FAX (with cover sheet) (262) 784-8598 E-mail: benefits@thepensionfund.com