

# Disability Case Selection

SSA Disability Claims System - Microsoft Internet Explorer provided by IE6.0 sP1>Alpha CI X

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### Disability Case Selection [Enable JAWS Mode](#)

**Search Criteria**

Client SSN:

Client Name. Last:  First:

**Search Results**

	Client Name	DSI	CEF	DOB	Estab Date	Level	Claim Type	Office Code	Office Type	Claim Status
<input type="radio"/>	<a href="#">Ovard, Joshua</a>	N	Y	06/01/1983	07/31/2005	Reconsideration	DI	<a href="#">X33</a>	FO	Closed
<input type="radio"/>	<a href="#">Ovard, Joshua Q.</a>	N	Y	06/01/1983	01/15/2005	Initial	DI	<a href="#">C65</a>	FO	Closed

# Select Case Level

Select Case Level -- Web Page Dialog

No EDCS case found. Please select the adjudicative level at which you want the case to be established.

Initial Classification:

- Initial
- Reconsideration
- Hearing
- Appeals Council
- Federal Court



MCS Exclusion Claim

CDR Classification:

- CDR Initial
- CDR Reconsideration
- CDR Hearing

OK Cancel

# Confirm Case Creation

 Confirm Case Creation -- Web Page Dialog 

**Client Name:** Joshua Ovard  
**Date of Birth:** 06/01/1983

**The client's information will be collected as:**

**Adult** (3368)  
 **Child** (3820)

Do you wish to create a case for this person?

# Form Selection

Disability Case Process 999-99-9999 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1 > AlphaCI X

Form(s) Selection - AN: 999-99-9999 CDR CEF: Y CPD CEF: NYA [Open in eView](#) [Hide Instructions](#)

**Form(s) Selection**

---

\* **Form SSA-3368-BK Disability Report Adult:**       Key     Paper     Not Yet Answered

**Curtail Form Completion:**       Yes     No

\* **Form SSA-3369-BK Work History Adult:**       Key     Paper     None

\* **Do you have an appointed representative?**       Yes     No     Not Yet Answered

# About You, Part 1 of 2

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

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Flags/Messages

### 3368 About You

#### Identification

**Name:** Joshua Ovard

**Daytime telephone number:** 801-377-1373

Please enter an alternate phone number or a phone number where a message can be left, if available.

**Telephone Number is:**  U.S.  Foreign  None

**Alternate telephone number:**

**Email Address:**

#### Your Language Information

**Can you speak and understand English?**  Yes  No  Not Yet Answered

**What language do you prefer?** Spanish

**Can you read and understand English?**  Yes  No  Not Yet Answered

**Can you write more than your name in English?**  Yes  No  Not Yet Answered

#### Other Names Used

How many other names or nicknames do you use?

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# About You, Part 2 of 2

Other Names = Yes, but no other names entered

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**Flags/Messages**

**Your Language Information**

Can you speak and understand English?  Yes  No  Not Yet Answered

What language do you prefer? Spanish

Can you read and understand English?  Yes  No  Not Yet Answered

Can you write more than your name in English?  Yes  No  Not Yet Answered

**Other Names Used**

**Have you used any other names on your medical or educational records?**  
Examples are maiden name, other married name, or nickname.




Yes  No  Not Yet Answered

To add a name, choose Add. To edit, select the name below.

**Other Names**

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# Other Names Used

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...   


**Other Names Used** [Open in eView](#) [Hide Instructions](#)

Add each name that might appear on your medical or educational records.

\* **First name:**

**Middle name:**

\* **Last name:**

**Suffix**  

# About You, Part 2 of 2

Other Names = Yes, with another name entered

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**Flags/Messages**

**Your Language Information**

Can you speak and understand English?  Yes  No  Not Yet Answered

What language do you prefer? Spanish

Can you read and understand English?  Yes  No  Not Yet Answered

Can you write more than your name in English?  Yes  No  Not Yet Answered

**Other Names Used**

**Have you used any other names on your medical or educational records?**  
Examples are maiden name, other married name, or nickname.

Yes  No  Not Yet Answered

To add a name, choose Add. To edit, select the name below.

**Other Names**

- [Ovard, Josh](#)

Add

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# Contacts, Part 1 of 3

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**Flags/Messages**

3368 Contacts

**Alternate Contact Information**

Is there someone (other than your doctors) we can contact who knows about your medical conditions, and can help you with your case?

Yes  No  Not Yet Answered

**Name of Alternate Contact**

First name:  Middle Name:  Last name:  Suffix:

Relationship to Disabled Person:

**Address for Alternate Contact**

Mailing address is:  U.S.  Foreign

Street address line 1:

Street address line 2:

Street address line 3:

Street address line 4:

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# Contacts, Part 2 of 3

## Person Completing Report = Claimant

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**Flags/Messages**

**Street address line 4:**

**City:**  **State:** --  **Zip Code:**

**Telephone for Alternate Contact**

Please enter an alternate phone number or a phone number where a message can be left, if available.

**Telephone Number is:**  U.S.  Foreign  None

**Daytime telephone number: (999-999-9999)**  **Ext:**

**Preferred Language of Alternate Contact**

**Can this person speak and understand English?**  Yes  No  Not Yet Answered

**Person Completing the Report**

**Who is providing information?**

Joshua Ovard

Alternate Contact listed above

Someone else

|  |  |

# Contacts, Part 3 of 3

## Person Completing Report = Someone Else

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Flags/Messages

Someone else

\*First name:  Middle Name:  \*Last name:  Suffix:

Relationship to Disabled Person:

**Address for Person Completing This Report**

Mailing address is:  U.S.  Foreign

Street address line 1:

Street address line 2:

Street address line 3:

Street address line 4:

City:  State:  Zip Code:

**Telephone for Person Completing This Report**

Telephone Number is:  U.S.  Foreign  None

Daytime telephone number: (999-999-9999)  Ext:

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# Medical Conditions

Medical Conditions Propagated from mainframe, no new conditions entered

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

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Flags/Messages

**3368 Medical Conditions**

**Alleged onset date from the mainframe is: 09/15/2008**

**Physical and Mental Conditions**

**\* List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.**

Enter one condition **on each line**. You will be given additional lines as needed.

1.

2.

**Do your conditions cause you pain or other symptoms?**

Yes  No  Not Yet Answered

**Height and Weight**

What is your height without shoes? feet:  inches:

What is your weight without shoes? pounds:

|  |  |

# Medical Conditions

Medical Conditions Propagated from mainframe, plus one new condition entered

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**Flags/Messages**

**3368 Medical Conditions**

**Alleged onset date from the mainframe is: 09/15/2008**

**Physical and Mental Conditions**

**\* List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.**

Enter one condition **on each line**. You will be given additional lines as needed.

1.
2.
3.

**Do your conditions cause you pain or other symptoms?**

Yes  No  Not Yet Answered

**Height and Weight**

What is your height without shoes? feet:  inches:

|  |  |

# Work and Onset

Are you currently working? = Not Yet Answered

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**Flags/Messages**

**3368 Work and Onset**

**Alleged onset date from the mainframe is: 09/15/2008**

**Are you currently working?**

No, I have never worked

No, I have stopped working

Yes, I am currently working

Not Yet Answered

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# Work and Onset

Claimant never worked

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**Flags/Messages**

**3368 Work and Onset**

**Alleged onset date from the mainframe is: 09/15/2008**

**Are you currently working?**

No, I have never worked

No, I have stopped working

Yes, I am currently working

Not Yet Answered

**When do you believe your condition became severe enough to keep you from working (even though you have never worked) (MM/DD/YYYY)?** 09/15/2008

[Where did this date come from?](#)

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## Work and Onset, Part 1 of 2

Claimant stopped working because of condition(s), did not make changes in work activity before stopping work

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**Flags/Messages**

**3368 Work and Onset**

**Alleged onset date from the mainframe is: 09/15/2008**

**Are you currently working?**

No, I have never worked  
 No, I have stopped working  
 Yes, I am currently working  
 Not Yet Answered

**When did you stop working? (MM/DD/YYYY)**

**Why did you stop working?**

Because of my condition(s).  
 Because of other reasons.  
 Because of my condition(s) and other reasons.  
 Not Yet Answered

**Did your condition(s) cause you to make changes in your work activity before you stopped working?**

Yes  No  Not Yet Answered

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## Work and Onset, Part 2 of 2

Claimant stopped working because of condition(s), did make changes in work activity before stopping work

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**Flags/Messages**

No, I have never worked

No, I have stopped working

Yes, I am currently working

Not Yet Answered

**When did you stop working? (MM/DD/YYYY)**

**Why did you stop working?**

Because of my condition(s).

Because of other reasons.

Because of my condition(s) and other reasons.

Not Yet Answered

**Did your condition(s) cause you to make changes in your work activity before you stopped working?**

Yes  No  Not Yet Answered

**When did you make changes? (MM/DD/YYYY)**

**Since the date you made changes, have you had gross earnings greater than \$980 in any month? Do not count sick leave, vacation, or disability pay.**

Yes  No  Not Yet Answered

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## Work and Onset, Part 1 of 2

Claimant stopped working because of other reasons, did make changes in work activity before stopping work

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**Flags/Messages**

**3368 Work and Onset**

**Alleged onset date from the mainframe is: 09/15/2008**

**Are you currently working?**

No, I have never worked

No, I have stopped working

Yes, I am currently working

Not Yet Answered

**When did you stop working? (MM/DD/YYYY)**

**Why did you stop working?**

Because of my condition(s).

Because of other reasons.

Because of my condition(s) and other reasons.

Not Yet Answered

**Please explain why you stopped working.**

[Examples of stopping work](#)

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## Work and Onset, Part 2 of 2

Claimant stopped working because of other reasons, did make changes in work activity before stopping work

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**Flags/Messages**

Because of my condition(s) and other reasons.

Not Yet Answered

**Please explain why you stopped working.**

[Examples of stopping work](#)

**When do you believe that your condition became severe enough to keep you from returning to work (MM/DD/YYYY)?**

**Did your condition(s) cause you to make changes in your work activity before you stopped working?**

Yes  No  Not Yet Answered

**When did you make changes? (MM/DD/YYYY)**

**Since the date you made changes, have you had gross earnings greater than \$980 in any month? Do not count sick leave, vacation, or disability pay.**

Yes  No  Not Yet Answered

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# Work and Onset

Claimant is currently working, condition has caused changes in work activity

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**Flags/Messages**

**3368 Work and Onset**

**Alleged onset date from the mainframe is: 09/15/2008**

**Are you currently working?**

No, I have never worked

No, I have stopped working

Yes, I am currently working

Not Yet Answered

**Has your condition caused you to make any changes in your work activity?**

Yes  No  Not Yet Answered

**When did you make changes? (MM/DD/YYYY)**

**Since your condition(s) first bothered you, have you had gross earnings greater than \$980 in any month? Do not count sick leave, vacation, or disability pay.**

Yes  No  Not Yet Answered

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# Work and Onset

Claimant is currently working, condition has not caused changes in work activity

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**Flags/Messages**

**3368 Work and Onset**

**Alleged onset date from the mainframe is: 09/15/2008**

**Are you currently working?**

No, I have never worked  
 No, I have stopped working  
 Yes, I am currently working  
 Not Yet Answered

**Has your condition caused you to make any changes in your work activity?**

Yes  No  Not Yet Answered

**When did your condition first start bothering you? (MM/DD/YYYY)** 9/15/2008  
[Where did this date come from?](#)

**Since your condition(s) first bothered you, have you had gross earnings greater than \$980 in any month? Do not count sick leave, vacation, or disability pay.**

Yes  No  Not Yet Answered

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# Job History

## Initial View

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**Flags/Messages**

**3368 Job History**

**Alleged onset date:** 09/15/2008

**How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?**

0  
 1  
 2-5  
 6 or more  
 Not Yet Answered

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# Job History

No Jobs

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**Flags/Messages**

**3368 Job History**

**Alleged onset date:** 09/15/2008

**How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?**

0

1

2-5

6 or more

Not Yet Answered

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# Job History

## One Job

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**Flags/Messages**

**3368 Job History**

**Alleged onset date:** 09/15/2008

**How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?**

0

1

2-5

6 or more

Not Yet Answered

**List the job. If you need to add more jobs, you must change your answer above.**

To add a job, choose Add Job. To edit, select a job title below.

Job Title	From	To

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# Job History

## Two to Five Jobs

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**Flags/Messages**

**3368 Job History**

**Alleged onset date:** 09/15/2008

**How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?**

0

1

2-5

6 or more

Not Yet Answered

**List the jobs. Start with your most recent job.**

To add a job, choose Add Job. To edit, select a job title below.

Job Title	From	To

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# Job History

## Six or More Jobs

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**Flags/Messages**

**3368 Job History**

**Alleged onset date:** 09/15/2008

**How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?**

0

1

2-5

6 or more

Not Yet Answered

**List the jobs. Start with your most recent job.**

To add a job, choose Add Job. To edit, select a job title below.

Job Title	From	To

Add Job

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# Job Information

Claimant had more than one job in last 15 years before becoming unable to work

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**Job Information** [Open in eView](#) [Hide Instructions](#)

**Occupation or job title:**  
Examples:  
• Short order cook, not just cook  
• Elementary school teacher, not just teacher  
• Long-haul truck driver, not just driver

**Type of Business:**

**Dates Worked**

If you can't remember the exact dates, be as specific as possible (month or season and year). If you are currently working in this job, enter "Present" in the To: input field.

**From:**  **To:**

**Is this your most recent job?**  Yes  No  Not Yet Answered

**Most Recent Hours and Pay**

**Average hours per day:**

**Average days per week:**

**Rate of Pay:**  
If you did "piece work", give the average amount you earned per day. If you were on commission, give the average amount per month.

\$  Per

# Job History

User has entered five jobs

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

**Forms**

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**Flags/Messages**

**3368 Job History**

**Alleged onset date:** 09/15/2008

**How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?**

0

1

2-5

6 or more

Not Yet Answered

**List the jobs. Start with your most recent job.**




To add a job, choose Add Job. To edit, select a job title below.

Job Title	From	To
<a href="#">Cook</a>	01/1985	01/1995
<a href="#">Waiter</a>	01/1995	01/2000
<a href="#">Manager</a>	01/2000	01/2003
<a href="#">Manager</a>	01/2003	01/2005
<a href="#">Manager</a>	01/2005	03/2005

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# Add Job, Part 1 of 4

Claimant had only one job in last 15 years before becoming unable to work

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...   

**Job Information** [Open in eView](#) [Hide Instructions](#)

**Occupation or job title:**  
Examples:  
• Short order cook, not just cook  
• Elementary school teacher, not just teacher  
• Long-haul truck driver, not just driver

**Type of Business:**

**Dates Worked**

If you can't remember the exact dates, be as specific as possible (month or season and year). If you are currently working in this job, enter "Present" in the To: input field.

**From:**  **To:**


**Is this your most recent job?**  Yes  No  Not Yet Answered

**Most Recent Hours and Pay**

**Average hours per day:**

**Average days per week:**

**Rate of Pay:**  
If you did "piece work", give the average amount you earned per day. If you were on commission, give the average amount per month.

\$  Per  

## Add Job, Part 2 of 4

Claimant had only one job in last 15 years before becoming unable to work

### What did you do all day in this job?

Describe this job. What did you do all day?

### In this job, did you:

#### Use machines, tools, or equipment?

Examples:

- Carpenters may use tools like power saws and nail guns
- Administrative assistants may use a computer

Yes  No  Not Yet Answered

#### Use technical knowledge or skills?

Examples:

- Electricians may use a computer
- Teachers know the subjects they teach

Yes  No  Not Yet Answered

#### Do any writing, complete forms, or perform duties like this?

Examples:

- Waitresses write customers' orders
- Bookkeepers complete reports
- Truck drivers complete trip logs

Yes  No  Not Yet Answered

## Add Job, Part 3 of 4

Claimant had only one job in last 15 years before becoming unable to work

### In this job, how many hours a day did you do each of the tasks listed?

The following numbers do not have to add up to the total "Average hours per day" listed above because you may be performing more than one activity at a time. For example, you may be standing and lifting or sitting and typing simultaneously.

<b>Walk?</b>	<input type="text"/>
<b>Stand?</b>	<input type="text"/>
<b>Sit?</b>	<input type="text"/>
<b>Climb?</b> (stairs, ladders, etc.)	<input type="text"/>
<b>Stoop?</b> (bend down and forward at the waist)	<input type="text"/>
<b>Kneel?</b> (bend legs to rest on knees)	<input type="text"/>
<b>Crouch?</b> (bend legs and back down and forward)	<input type="text"/>
<b>Crawl?</b> (move on hands and knees)	<input type="text"/>
<b>Handle large objects?</b> Examples: •Lift a box •Move a lever such as a gear shift	<input type="text"/>

## Add Job, Part 4 of 4

Claimant had only one job in last 15 years before becoming unable to work

**Write, type, or handle small objects?**

Example:

- Write on a pad
- Use a calculator
- Sort objects by hand

**Reach?**

**Physical Activities: Lifting and Carrying**

**Describe what you lifted, how far you carried it, and how often you did this in your job.**  
[Examples of lifting and carrying](#)

**Select the heaviest weight lifted:**

**Select the weight frequently lifted:**   
(By frequently, we mean from 1/3 to 2/3 of the workday.)

**Did you supervise people in this job?**  
 Yes  No  Not Yet Answered

**How many people did you supervise?**

**What part of your time did you spend supervising people?**

**Did you hire and fire employees?**  Yes  No  Not Yet Answered

**Were you a lead worker?**  
 Yes  No  Not Yet Answered



# Job History

User has entered one job

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Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

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**Flags/Messages**

**3368 Job History**

**Alleged onset date:** 09/15/2008

**How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?**

0

1

2-5

6 or more

Not Yet Answered

**List the job. If you need to add more jobs, you must change your answer above.**

To add a job, choose Add Job. To edit, select a job title below.

Job Title	From	To
<a href="#">Cook</a>	01/1985	Present

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# Medical Sources

Initial view

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**Forms**

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**Flags/Messages**

**3368 Medical Sources**

**Alleged Onset Date:** 09/15/2008

**Doctors, Therapists, Hospital, Clinics**

**Have you seen a doctor or other health care professional or received treatment at a hospital or clinic, or do you have a future appointment scheduled:**

\* For any **physical** condition(s)  
 Yes  No  Not Yet Answered

\* For any **mental** condition(s) (including emotional or learning problems)  
 Yes  No  Not Yet Answered

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# Medical Sources

User has indicated claimant has medical sources, but has not entered any

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Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

**Forms**

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**Flags/Messages**

**Alleged Onset Date:** 09/15/2006

**Doctors, Therapists, Hospital, Clinics**

**Have you seen a doctor or other health care professional or received treatment at a hospital or clinic, or do you have a future appointment scheduled:**

\* For any **physical** condition(s)  
 Yes  No  Not Yet Answered

\* For any **mental** condition(s) (including emotional or learning problems)  
 Yes  No  Not Yet Answered

Tell us who may have medical records about any of your **physical or mental** condition(s) (including emotional or learning problems) that limit your ability to work. This includes doctors' offices, hospitals (**including emergency room visits**), clinics, and other health care facilities.




Tell us about your **next appointment**, if you have one scheduled.

To add a health care provider, choose Add Doctor/Hospital/Etc. To edit, select the name below.

Name	Address

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# Doctor/Therapist Information, Part 1 of 2

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...   

## Doctor/Therapist Information Source to Merge

**Alleged onset date:** 09/15/2008

**Name:** [John McKell](#)

**Attention:**

**Address:** 147 West 400 North

**Patient ID# (if known):**

### Dates

**First visit:**

**Last visit:**

**Next appointment:**

### Conditions and Treatments

**What medical conditions were treated or evaluated?**

**What treatment did you receive for the above conditions?**

## Doctor/Therapist Information, Part 2 of 2

### Tests

List any tests **this provider** performed, sent you to, or scheduled you to take in the future.

To add a test, choose Add Test. To edit, select the name of the test below.

Test	Date	Ordered By

Add Test

### Medicines

List all medicines prescribed or suggested **by this provider**.

To add a medicine, choose Add Medicine. To edit, select the name of the medicine below.

Medicine	Prescribed By	Reason

Add Medicine

### Physical and Mental Conditions

List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

To add a condition, choose Add Condition. To edit, select the name of the condition below.

Name
Fatigue, Fibromyalgia
Migraines

Add or Edit Conditions

OK

Delete

Add Another Source

Cancel

Help

# Medical Sources

User has indicated claimant has medical sources and entered a doctor

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

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**Flags/Messages**

**3368 Medical Sources**

**Alleged Onset Date:** 09/15/2008

**Doctors, Therapists, Hospital, Clinics**

**Have you seen a doctor or other health care professional or received treatment at a hospital or clinic, or do you have a future appointment scheduled:**

\* For any **physical** condition(s)  
 Yes  No  Not Yet Answered

\* For any **mental** condition(s) (including emotional or learning problems)  
 Yes  No  Not Yet Answered

Tell us who may have medical records about any of your **physical or mental** condition(s) (including emotional or learning problems) that limit your ability to work. This includes doctors' offices, hospitals (**including emergency room visits**), clinics, and other health care facilities.

Tell us about your **next appointment**, if you have one scheduled.

To add a health care provider, choose Add Doctor/Hospital/Etc. To edit, select the name below.

Name	Address
<a href="#">Dr. John McKell</a>	147 West 400 North

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# Hospital/Clinic Information, Part 1 of 3

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

## Hospital/Clinic Information

**Alleged onset date:** 09/15/2008

**Name of facility or office:** [Utah General Hospital](#)

**Attention:**

**Address:** 6701 Main Street

**Health care professional who treated you at Utah General Hospital:**

**Patient ID# (if known):**

### Dates at this Facility

**Did you have any inpatient stays?**  Yes  No  Not Yet Answered

<b>Date In:</b>	<input type="text"/>	<b>Date Out:</b>	<input type="text"/>
<b>Date In:</b>	<input type="text"/>	<b>Date Out:</b>	<input type="text"/>
<b>Date In:</b>	<input type="text"/>	<b>Date Out:</b>	<input type="text"/>

**Did you have any outpatient visits?**  Yes  No  Not Yet Answered

**First visit:**

**Last visit:**

**Next appointment:**

## Hospital/Clinic Information, Part 2 of 3

Did you have any emergency room visits?

Yes

No

Not Yet Answered

Date of visit:

Date of visit:

Date of visit:

### Conditions and Treatments

What medical conditions were treated or evaluated?

What treatment did you receive for the above conditions?

### Tests

List any tests **this provider** performed, sent you to, or scheduled you to take in the future.

To add a test, choose Add Test. To edit, select the name of the test below.

Test	Date	Ordered By

Add Test



## Hospital/Clinic Information, Part 3 of 3

### Medicines

List all medicines prescribed or suggested by **this provider**.

To add a medicine, choose Add Medicine. To edit, select the name of the medicine below.

Medicine	Prescribed By	Reason

Add Medicine

### Physical and Mental Conditions

List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

To add a condition, choose Add Condition. To edit, select the name of the condition below.

Name
Fatigue, Fibromyalgia
Migraines

Add or Edit Conditions

OK

Delete

Add Another Source

Cancel

Help

# Tests Summary

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Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

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**Flags/Messages**

**3368 Tests Summary**

**Have you had any medical tests, or do you have any tests scheduled for your condition?**

Yes  No  Not Yet Answered

**List all tests that you had or will have for your condition.**

To add a test, choose Add Test. To edit, select the name of the test below.

Test	Date	Ordered By
<a href="#">X-Ray</a>	12/16/2008	Dr. John McKell

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# Test Information

No body part involved

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

**Test Information** [Open in eView](#) [Hide Instructions](#)

**\*Name of Test:**

**Date of Test:**

**Provider who performed, sent you to, or scheduled you to take this test.**  
If you need to add a medical source, you must return to MED SOURCES.

**Physical and Mental Conditions**




List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

To add or edit a condition, choose Add or Edit Conditions.

Name
Fatigue, Fibromyalgia
Migraines

# Test Information

## Body part involved

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...   

**Test Information** [Open in eView](#) [Hide Instructions](#)

\*Name of Test:

What part of your body was covered or will be covered by this test?

Date of Test:

Provider who performed, sent you to, or scheduled you to take this test.  
If you need to add a medical source, you must return to MED SOURCES.

**Physical and Mental Conditions**

List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

To add or edit a condition, choose Add or Edit Conditions.

Name
Fatigue, Fibromyalgia
Migraines

# Physical and Mental Condition Information – Plan A

Claimant adds physical or mental condition while adding test

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

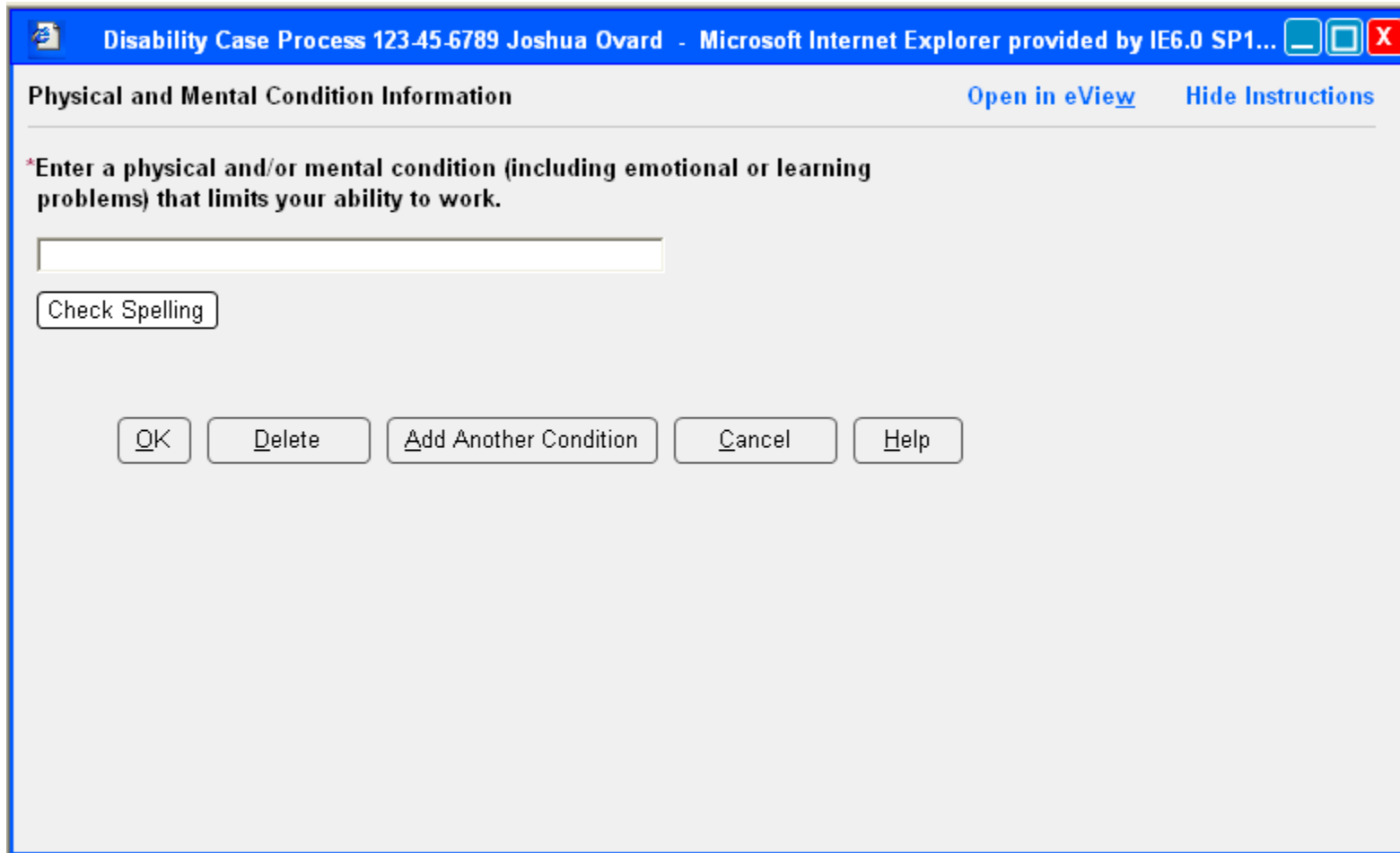
**Physical and Mental Condition Information** [Open in eView](#) [Hide Instructions](#)

Enter one condition on each line. You will be given additional lines as needed.

1.
2.
3.

# Physical and Mental Condition Information – Plan B

Claimant adds physical or mental condition while adding test



The screenshot shows a web browser window with the title bar: "Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...". The page content includes:

- Page title: "Physical and Mental Condition Information" (left)
- Page actions: "Open in eView" and "Hide Instructions" (right)
- Instructional text: "\*Enter a physical and/or mental condition (including emotional or learning problems) that limits your ability to work." (bold)
- Input field: A single-line text box for entering the condition.
- Buttons: "Check Spelling", "OK", "Delete", "Add Another Condition", "Cancel", and "Help".

# Medicines Summary

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Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

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**Flags/Messages**

**3368 Medicines Summary**

**Are you taking any prescription or non-prescription medicines?**

Yes  No  Not Yet Answered

**List all prescription and non-prescription medicines that you take for your condition.**

To add a medicine, choose Add. To edit, select the medicine listed below.

Medicine	Prescribed By	Reason
<a href="#">Ambien</a>	Dr. John McKell	Insomnia

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# Medicine Information

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

**Medicine Information** [Open in eView](#) [Hide Instructions](#)

**\*Name of Medicine:**

**Who prescribed this medicine (if prescription):**  
If you need to add a medical source, you must return to MED SOURCES.

**Reason for medicine:**  
Examples:  
• Slows down my heart rate  
• Regulates my blood sugar  
• Stops the pain

**Physical and Mental Conditions**

List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

To add or edit a condition, choose Add or Edit Conditions.

Name
Fatigue, Fibromyalgia
Migraines
Muscle pain



# Other Medical Information

## Initial View

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**Flags/Messages**

**3368 Other Medical Information**

**Does anyone else have medical information about your physical or mental condition(s) (including emotional and learning problems), or are you scheduled to see anyone else?**

Examples:

- Workers' Compensation
- Vocational rehabilitation
- Insurance companies who have paid you disability benefits
- Prisons
- Attorneys
- Welfare or social service agency

Yes    No    Not Yet Answered

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# Other Medical Information

User has indicated claimant has other medical source, but has not entered any

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Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

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**Flags/Messages**

### 3368 Other Medical Information

**Does anyone else have medical information about your physical or mental condition(s) (including emotional and learning problems), or are you scheduled to see anyone else?**

Examples:

- Workers' Compensation
- Vocational rehabilitation
- Insurance companies who have paid you disability benefits
- Prisons
- Attorneys
- Welfare or social service agency

Yes    No    Not Yet Answered

To add a medical source, choose Add Another. To edit, select the name below.

Name	Address

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# Other Medical Information

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

**Other Medical Information** [Open in eView](#) [Hide Instructions](#)

**Alleged Onset Date:** 9/15/2008

**Name:**  
**Attn:**  
**Address:**

**Claim or ID Number, if any:**

**Dates**

**Date of first contact:**   
**Date of last contact:**   
**Date of next contact, if any:**

**Reasons for Contacts**

**Reasons for contacts:**

**Physical and Mental Conditions**

List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

To add or edit a condition, choose Add or Edit Conditions.

Name
Fatigue, Fibromyalgia
Migraines
Muscle pain

# Other Medical Information

User has entered an other medical source

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**Flags/Messages**

### 3368 Other Medical Information

**Does anyone else have medical information about your physical or mental condition(s) (including emotional and learning problems), or are you scheduled to see anyone else?**

Examples:

- Workers' Compensation
- Vocational rehabilitation
- Insurance companies who have paid you disability benefits
- Prisons
- Attorneys
- Welfare or social service agency

Yes    No    Not Yet Answered

To add a medical source, choose Add Another. To edit, select the name below.

Name	Address
<a href="#">CoreSource</a>	PO Box 2920, Clinton, IA

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# Education and Training

## Initial View

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**Flags/Messages**

**3368 Education and Training**

**Alleged onset date:** 09/15/2008

**What is the highest grade of school that you completed?**

**Approximate date completed:**

**Special Education**

**Did you attend special education classes?**

[Examples](#)

Yes  No  Not Yet Answered

**Job Training or Vocational School**

**Have you completed any type of specialized job training, trade, or vocational school?**

[Examples](#)

Yes  No  Not Yet Answered

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# Education and Training, Part 1 of 2

User has indicated claimant received special education and job training/vocational school, but has not entered any

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Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

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**Flags/Messages**

**3368 Education and Training**

**Alleged onset date:** 09/15/2008

**What is the highest grade of school that you completed?** [Dropdown]

**Approximate date completed:** [Text Box]

**Special Education**

**Did you attend special education classes?**

[Examples](#)

Yes  No  Not Yet Answered

**List all schools where you attended special education classes.**

To add a school, choose Add. To edit, select the school below.

Name	Address

[Add]

**Job Training or Vocational School**

[Next Page] | [Previous Page] | [Cancel] | [Help]

## Education and Training, Part 2 of 2

User has indicated claimant received special education and job training/vocational school, but has not entered any

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

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**Flags/Messages**

**List all schools where you attended special education classes.**

To add a school, choose Add. To edit, select the school below.

Name	Address

Add

**Job Training or Vocational School**

**Have you completed any type of specialized job training, trade, or vocational school?**

[Examples](#)

Yes  No  Not Yet Answered

**Describe the types of vocational programs attended.**

**Approximate date completed:**

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# Special Education Information

## Initial View

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**Special Education Information** [Open in eView](#) [Hide Instructions](#)

**Alleged Onset Date:** 9/15/2008

**Name:**  
**Attn:**  
**Address:**

**Dates Attended**

If you can't remember the exact dates, be as specific as possible.  
Examples:

- June 10, 2001
- February 1998
- Summer 1995

**From:**  **To:**

**Physical and Mental Conditions**

List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

To add or edit a condition, choose Add or Edit Conditions.

Name
Fatigue, Fibromyalgia
Migraines
Muscle pain



# Special Education Information

User has entered a school

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

**Forms**

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**Flags/Messages**

**3368 Education and Training**

**Alleged onset date:** 09/15/2008

**What is the highest grade of school that you completed?**

**Approximate date completed:**

**Special Education**

**Did you attend special education classes?**

[Examples](#)

Yes  No  Not Yet Answered

**List all schools where you attended special education classes.**

To add a school, choose Add. To edit, select the school below.

Name	Address
<a href="#">Provo Academy</a>	100 West 50th Street South

**Job Training or Vocational School**

|  |  |

# Remarks

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

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**3368 Remarks**

Please provide any additional information you did not give in earlier parts of this report.

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