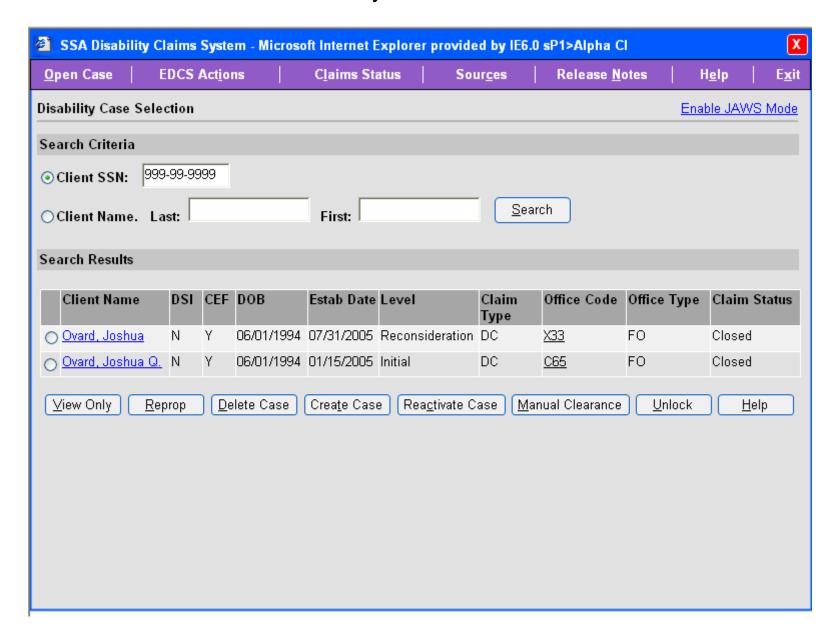
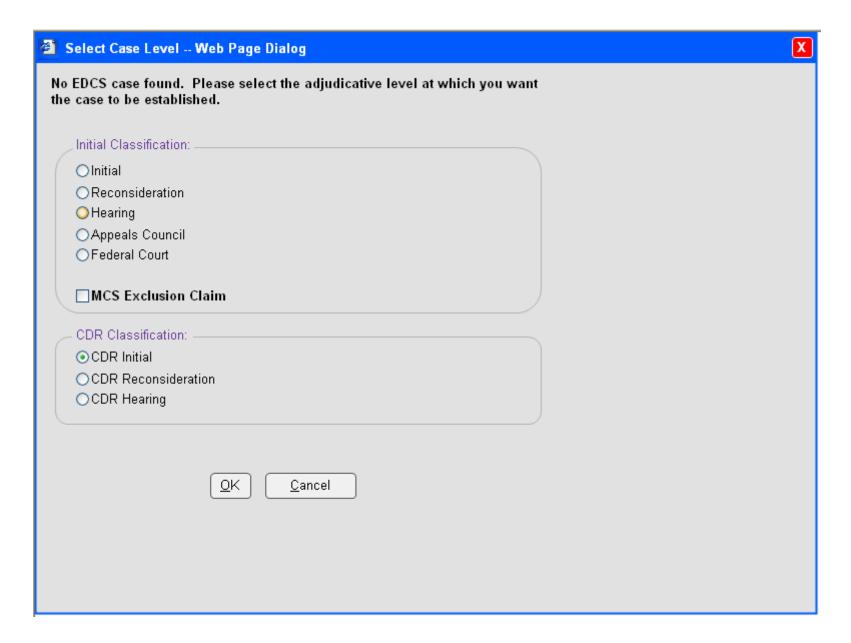
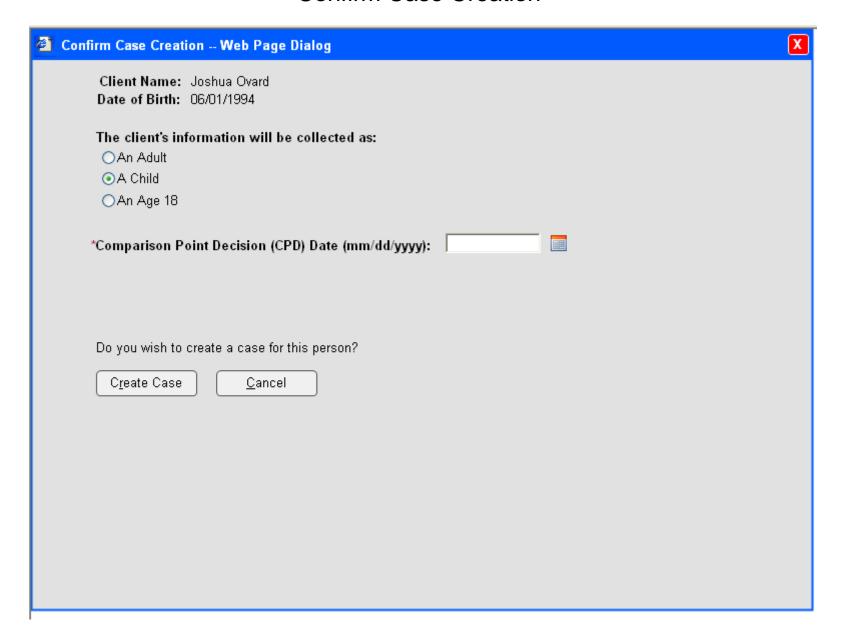
# **Disability Case Selection**



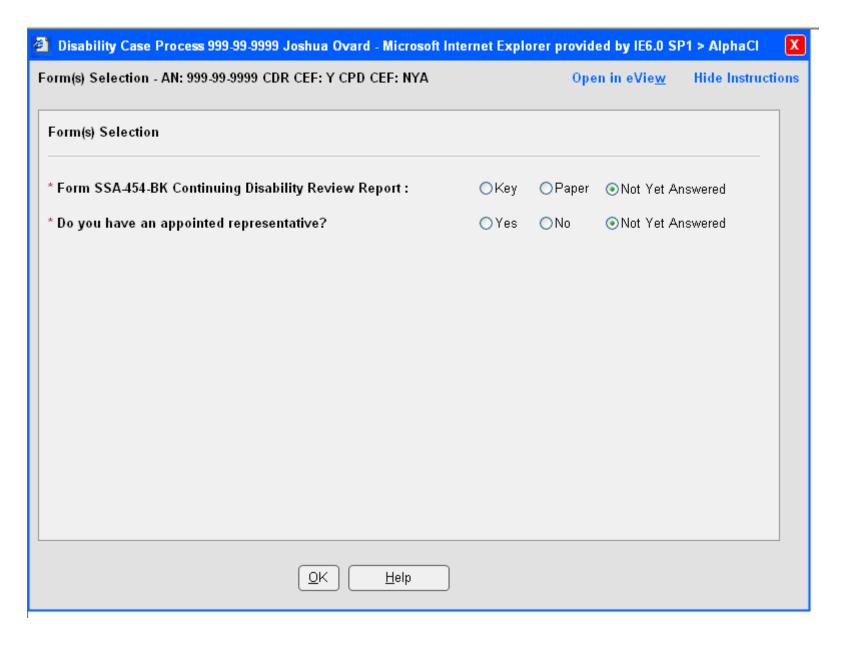
#### Select Case Level



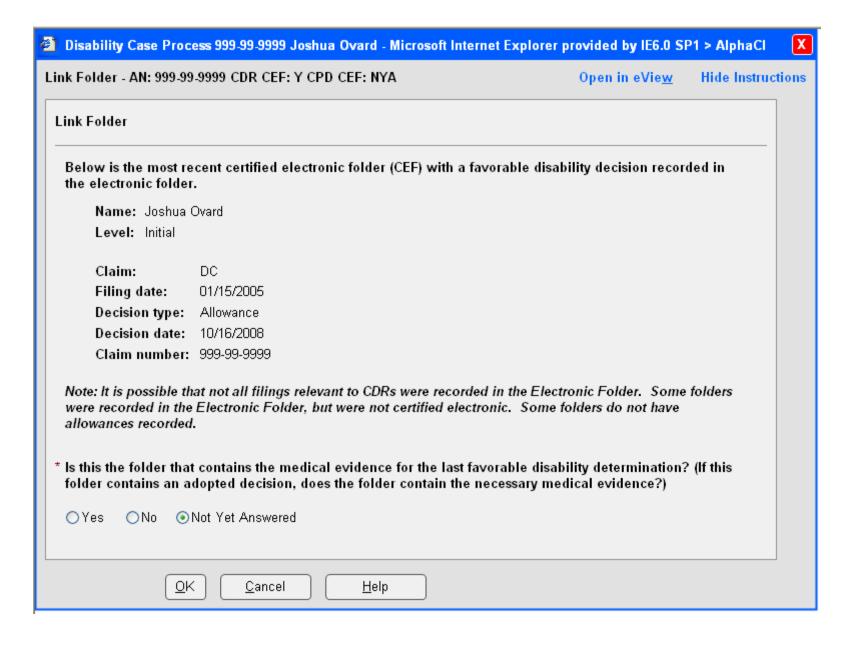
# **Confirm Case Creation**



#### Form Selection



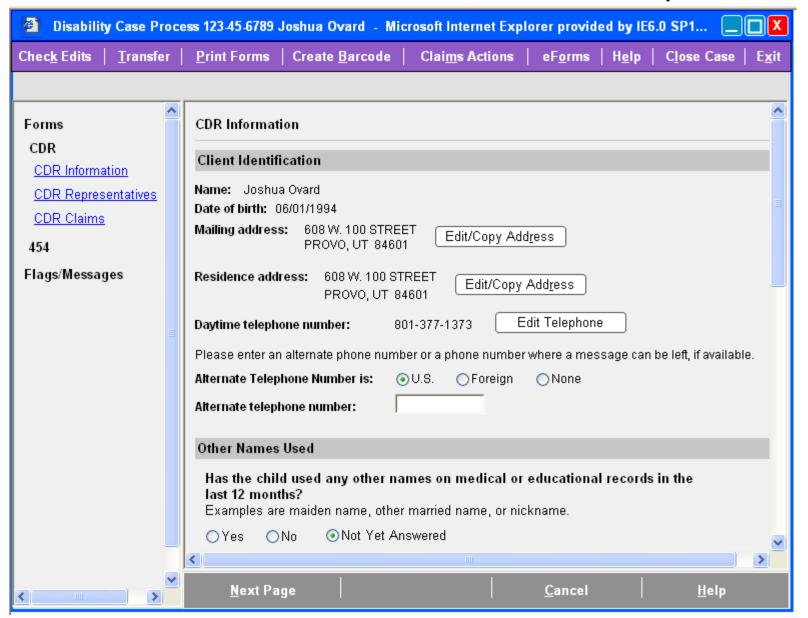
#### Link Folder



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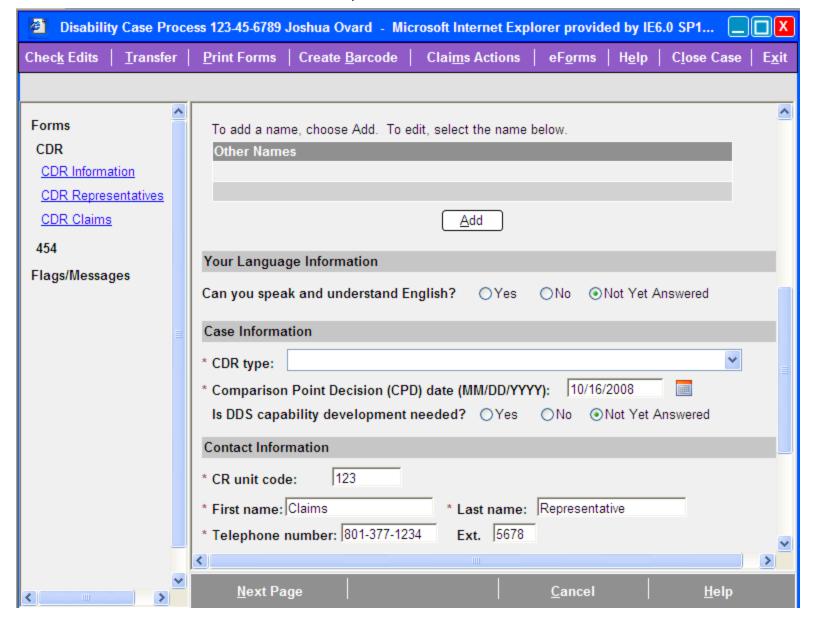
## CDR Information, Part 1 of 2

User has indicated claimant used other names, but has not entered any



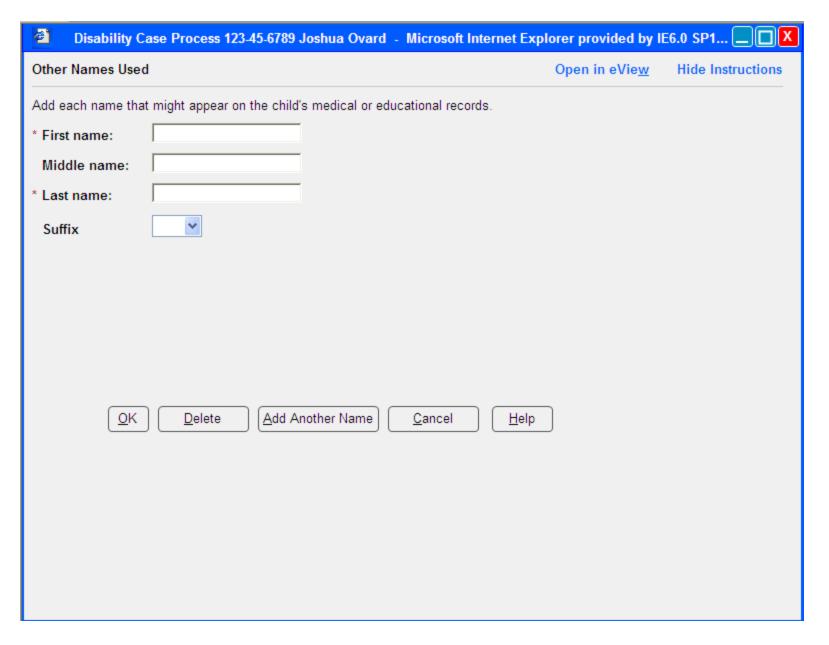
### CDR Information, Part 2 of 2

Other Names = Yes, but no other names entered



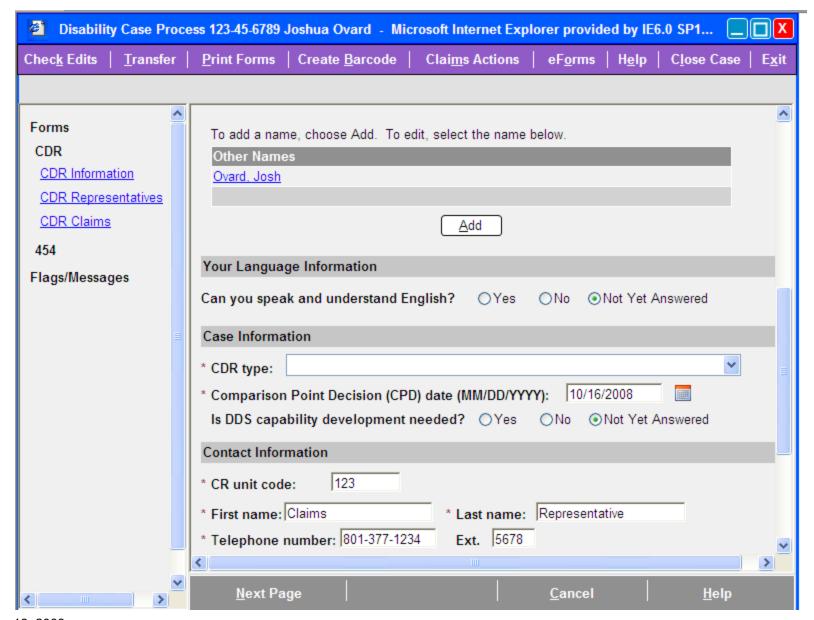
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## Other Names Used



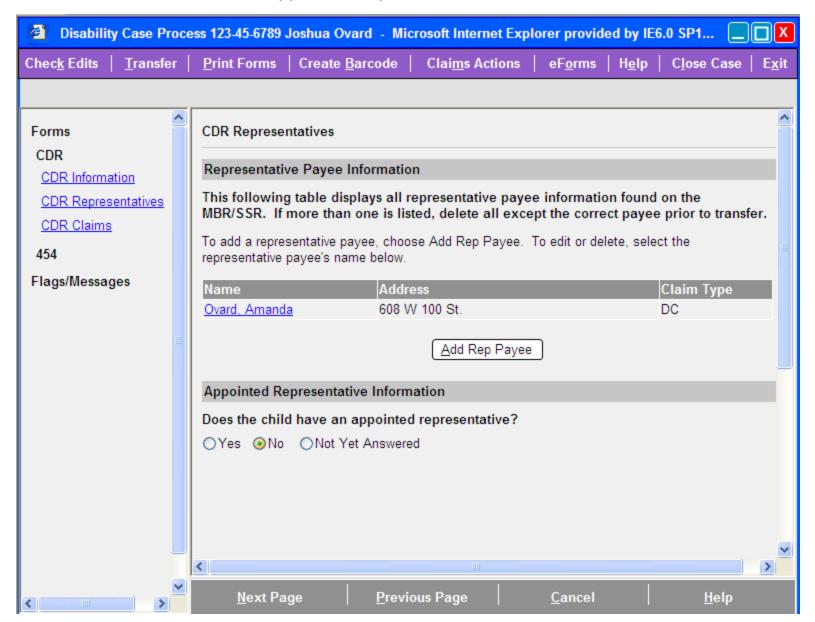
### CDR Information, Part 2 of 2

Other Names = Yes, with another name entered



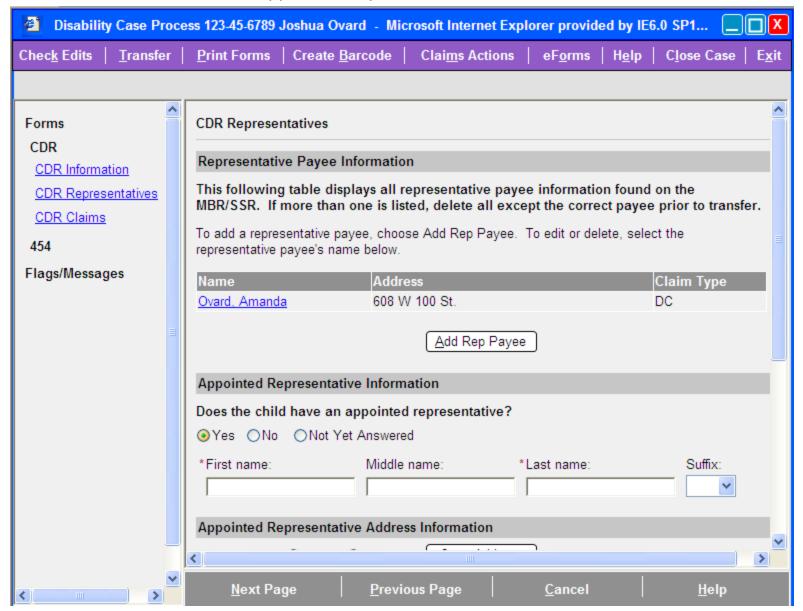
# **CDR** Representatives

#### Appointed Representative = No



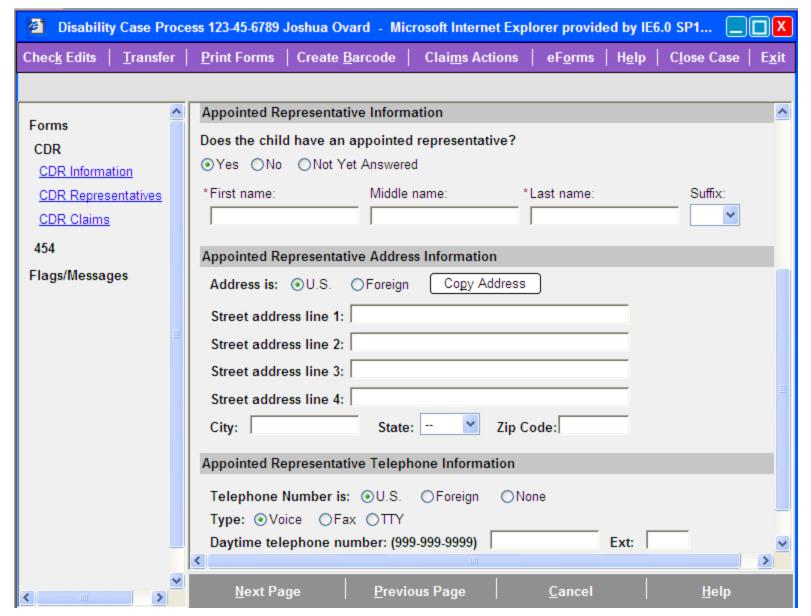
# CDR Representatives, Part 1 of 2

Appointed Representative = Yes

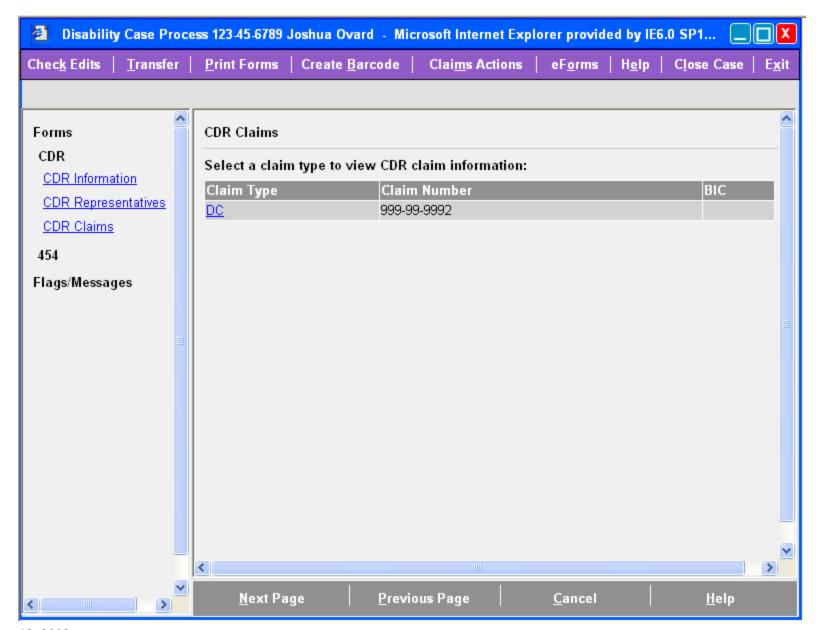


# CDR Representatives, Part 2 of 2

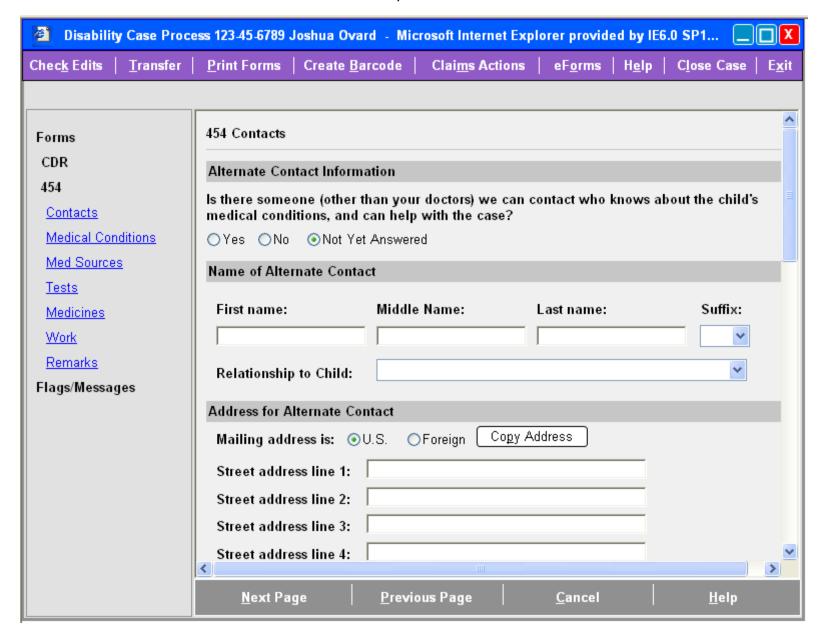
Appointed Representative = Yes



## **CDR Claims**

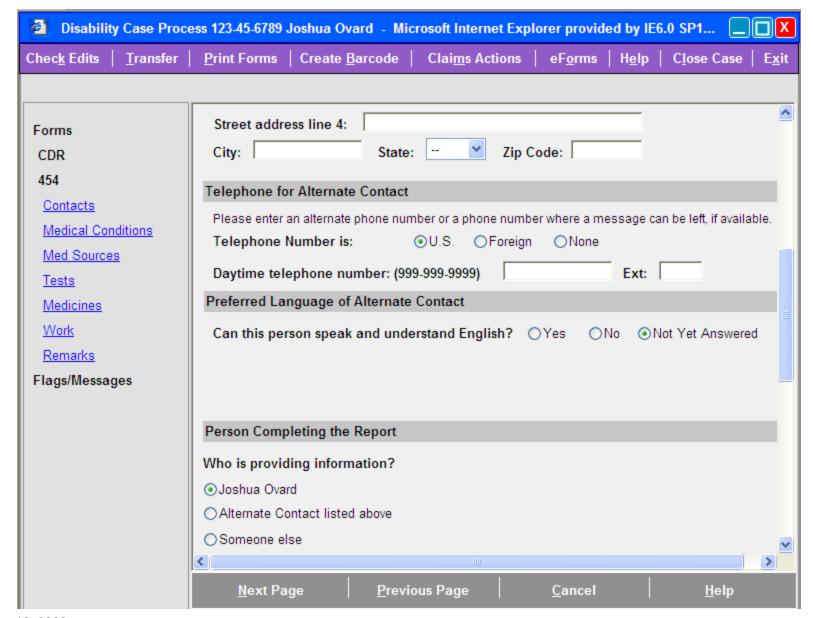


# Contacts, Part 1 of 3

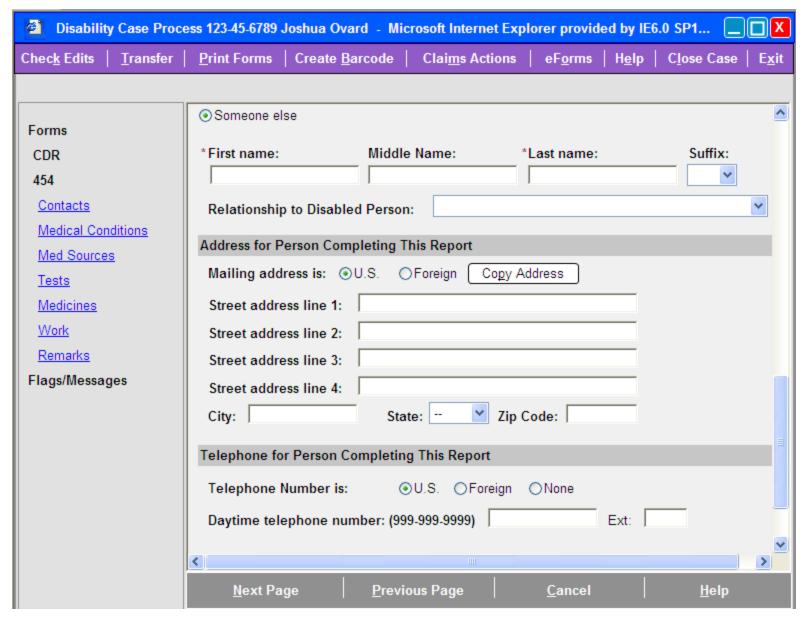


# Contacts, Part 2 of 3

#### Person Completing Report = Claimant

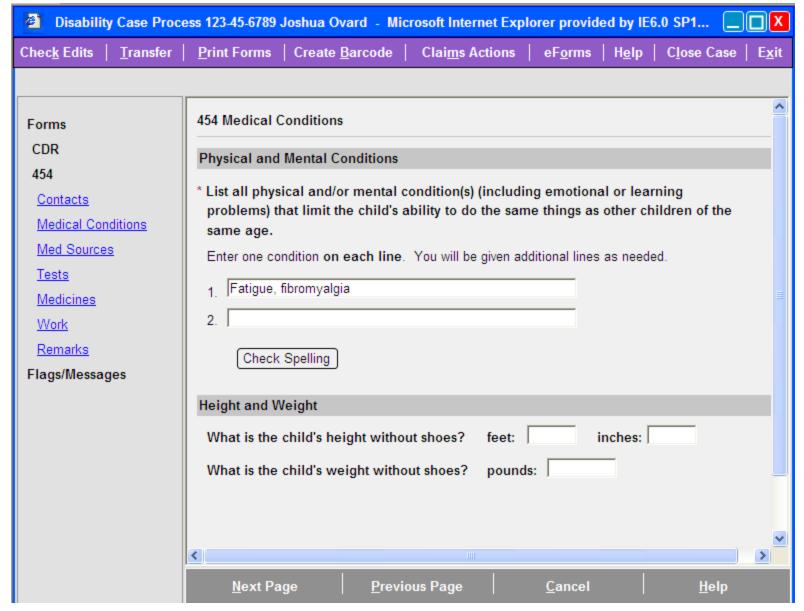


# Contacts, Part 3 of 3 Person Completing Report = Someone Else



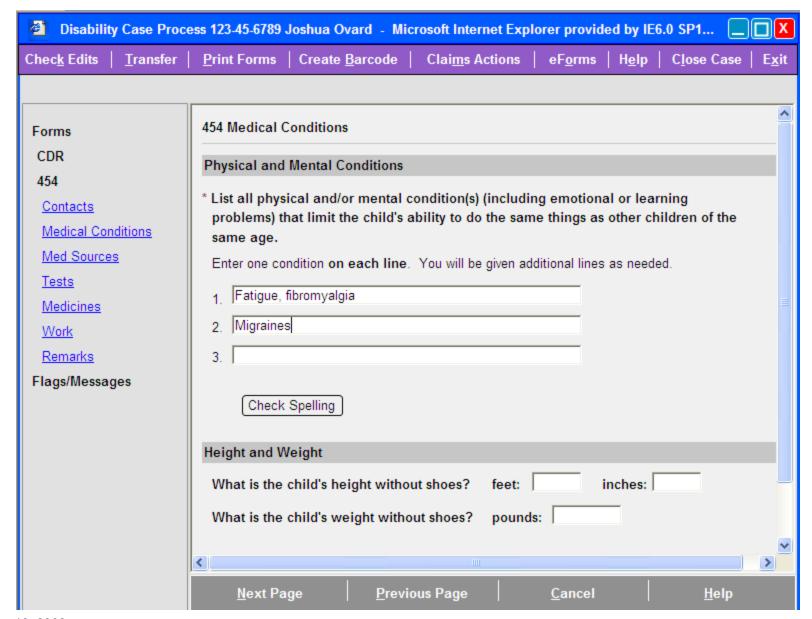
#### **Medical Conditions**

Medical Conditions Propagated from mainframe, no new conditions entered

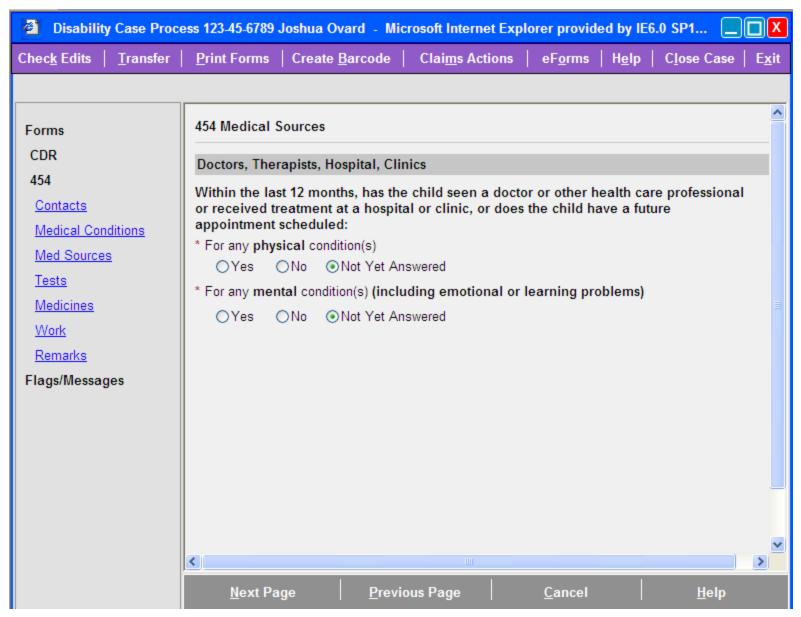


#### **Medical Conditions**

Medical Conditions Propagated from mainframe, plus one new conditions entered

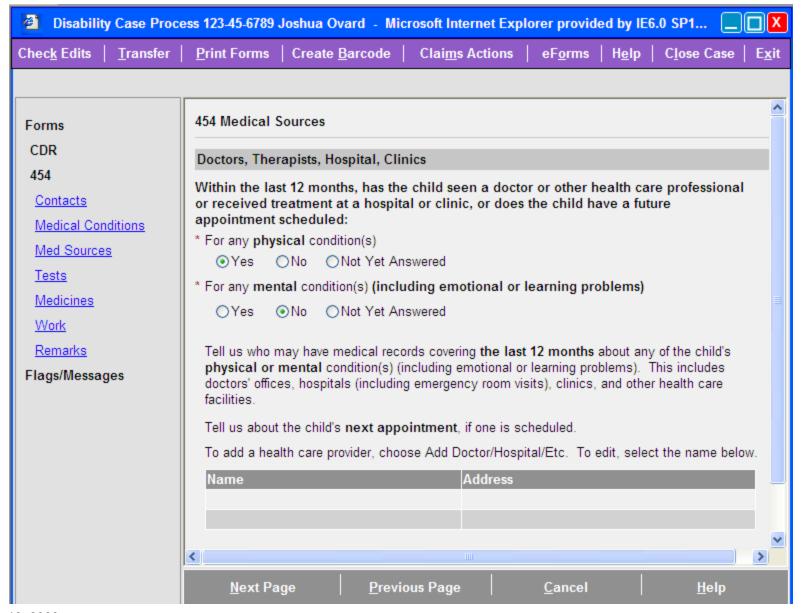


# Medical Sources Initial view



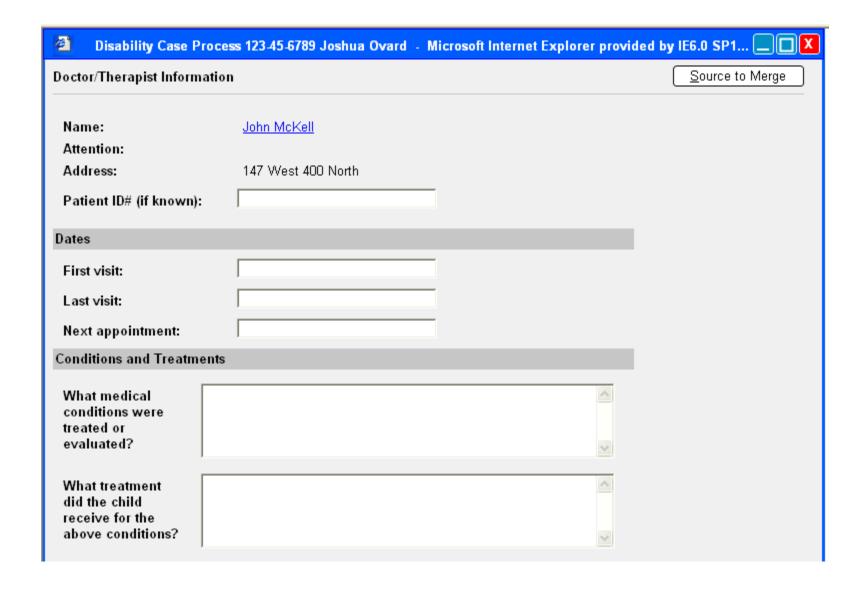
#### **Medical Sources**

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



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# Add Doctor/Therapist, Part 1 of 2



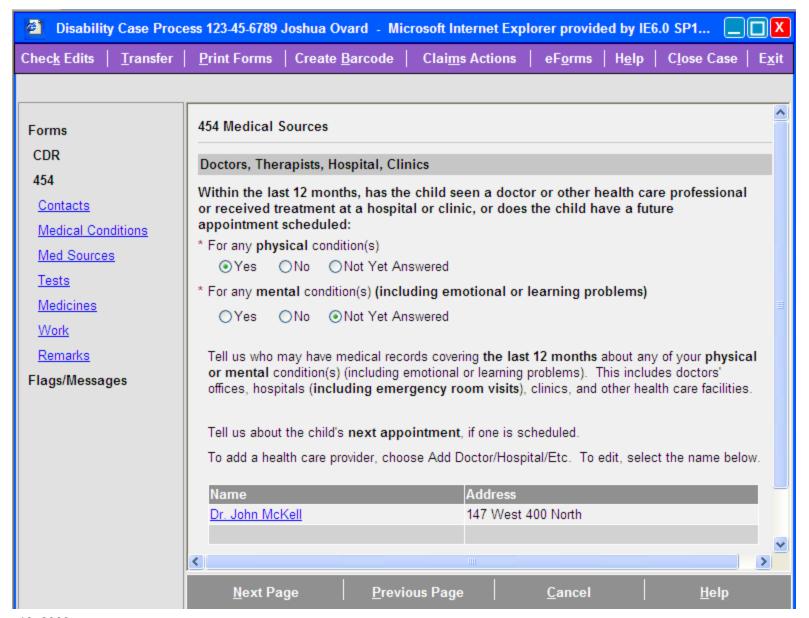
# Add Doctor/Therapist, Part 2 of 2

Tests
List any tests this provider performed or sent the child to within the last 12 months, or scheduled the child 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 <u>T</u> est
Medicines
List all medicines the child is now taking, or has taken in the last 12 months, 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 the child's ability to do the same things as other children of the same age.
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

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#### **Medical Sources**

User has indicated claimant has medical sources and entered a doctor



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# Add Hospital/Clinic, Part 1 of 3

Disability Case Proce	ss 123-45-6789 Joshua Ovard	- Microsoft Internet Explorer provid	led by IE6.0 SP1 🔲 🔲 🔀
Hospital/Clinic Information			
Name of facility or office: Attention: Address:	Utah General Hospital 6701 Main Street		
	who treated the child at Utah G	Sonoral Hospital	
Treatur care professional w	no dealed the child at olah c	ienerai nospitai.	
Patient ID# (if known):			
Dates at this Facility			
Did the child have any inp	atient stays? ⊙Yes	○No ○Not Yet Answered	
Date In:	Date O	ut:	
Date In:	Date O	ut:	
Date In:	Date O	ut:	
Did the child have any outpo	atient visits? • Yes	○No ○Not Yet Answered	
First visit:			
Last visit:			
Next appointment:			

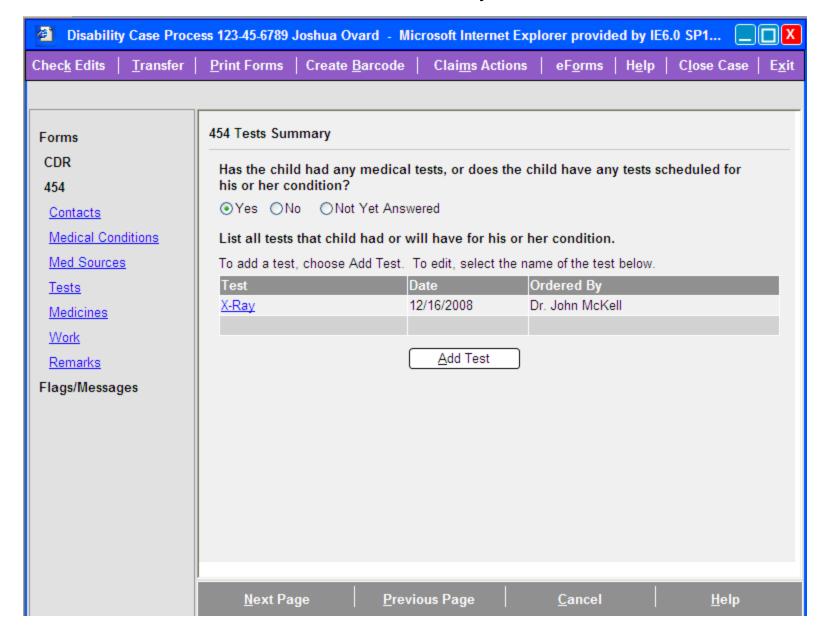
# Add Hospital/Clinic, Part 2 of 3

Did the child have any emergency room visits? ⊙ Yes ○No ○Not Yet Answer	ed
Date of visit:	
Date of visit:	
Date of visit:	
Conditions and Treatments	
What medical conditions were treated or evaluated?	<u>^</u>
What treatment did the child receive for the above conditions?	<u>^</u>
Tests	
List any tests <b>this provider</b> performed or sent the child to <b>within the last 12 months</b> , or scheduled the child to take in the future.	
To add a test, choose Add Test. To edit, select the name of the test below.  Test Ordered By	
Add <u>T</u> est	

# Add Hospital/Clinic, Part 3 of 3

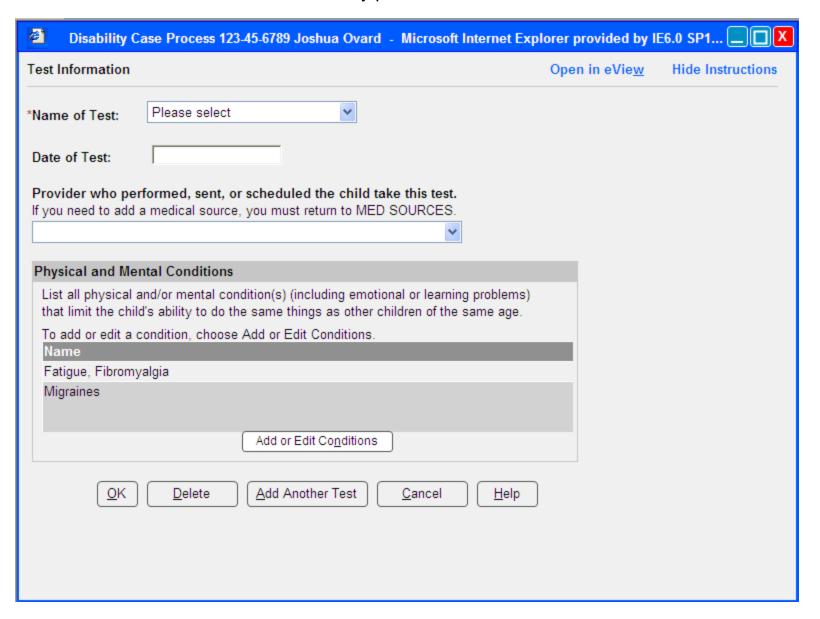
Medicines
List any prescription or non-prescription medicines the child is now taking, or has taken in the last 12 months, prescribed or suggested by this provider.
To add a medicine, choose Add Medicine. To edit, select the name of the medicine below.  Medicine Prescribed By Reason
Add Medicine
Physical and Mental Conditions
List all physical and/or mental condition(s) (including emotional or learning problems) that limit the child's ability to do the same things as other children of the same age.
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**



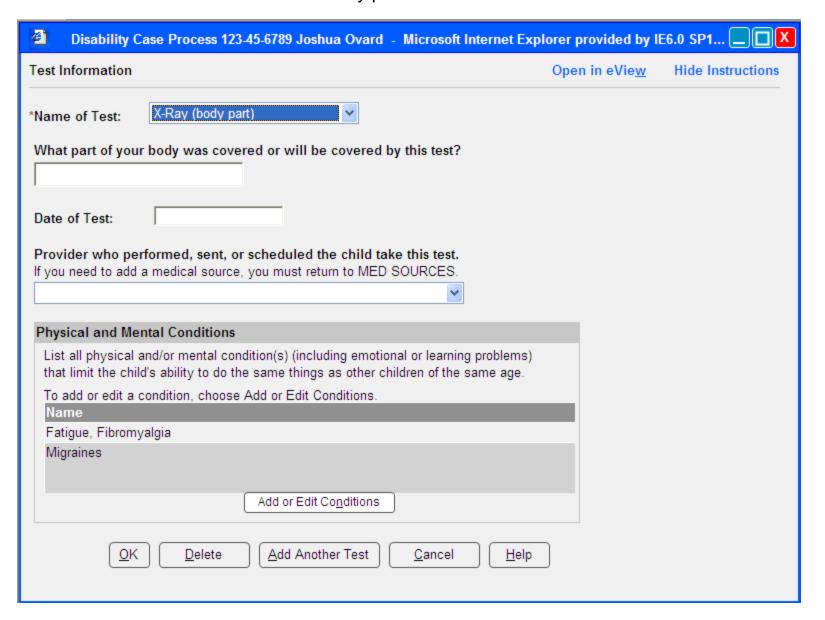
#### **Test Information**

#### No body part involved

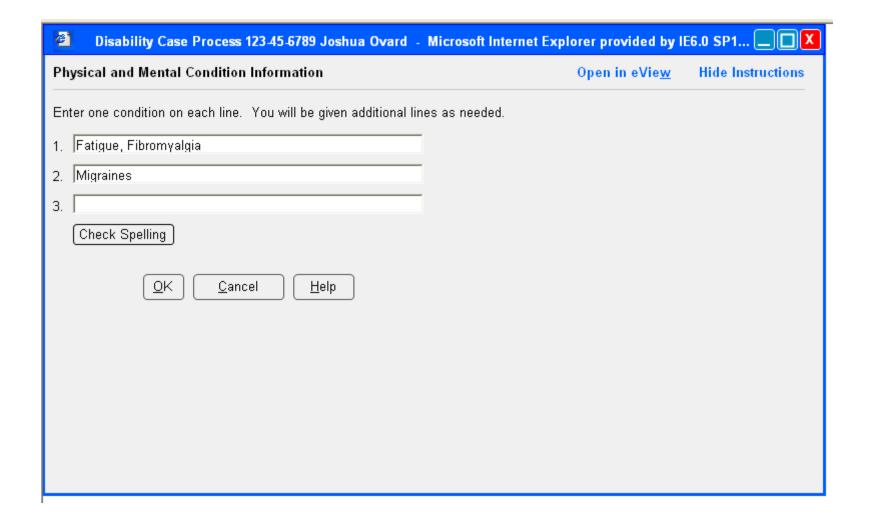


#### **Test Information**

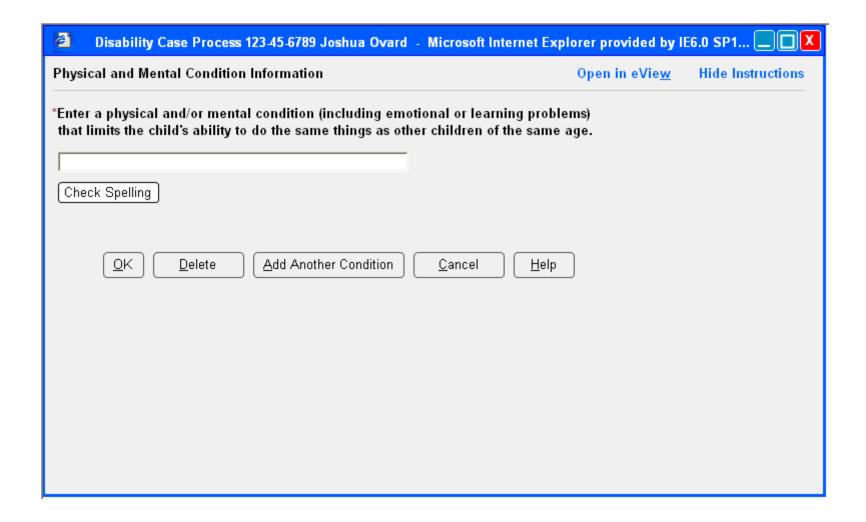
#### Body part involved



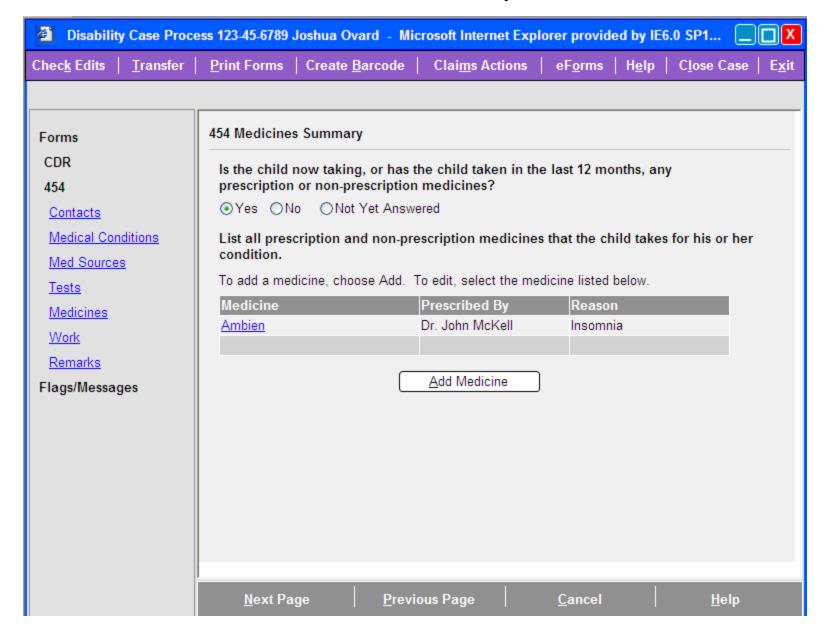
# Physical and Mental Condition Information – Plan A



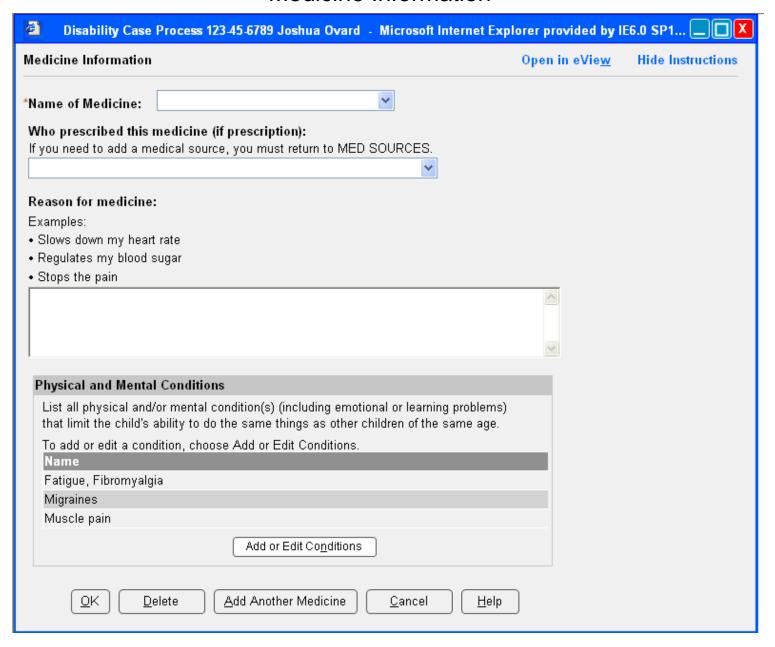
# Physical and Mental Condition Information – Plan B



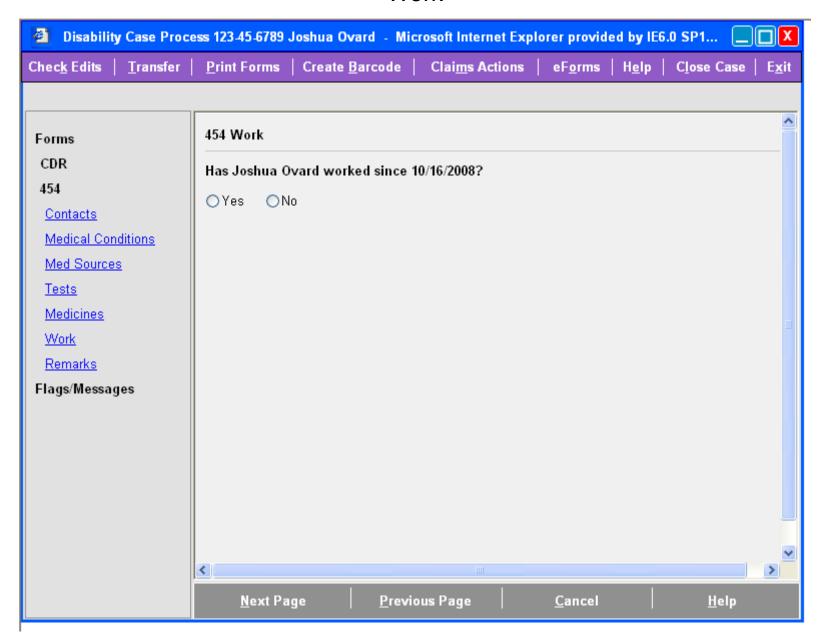
# **Medicines Summary**



#### **Medicine Information**



## Work



#### Remarks

