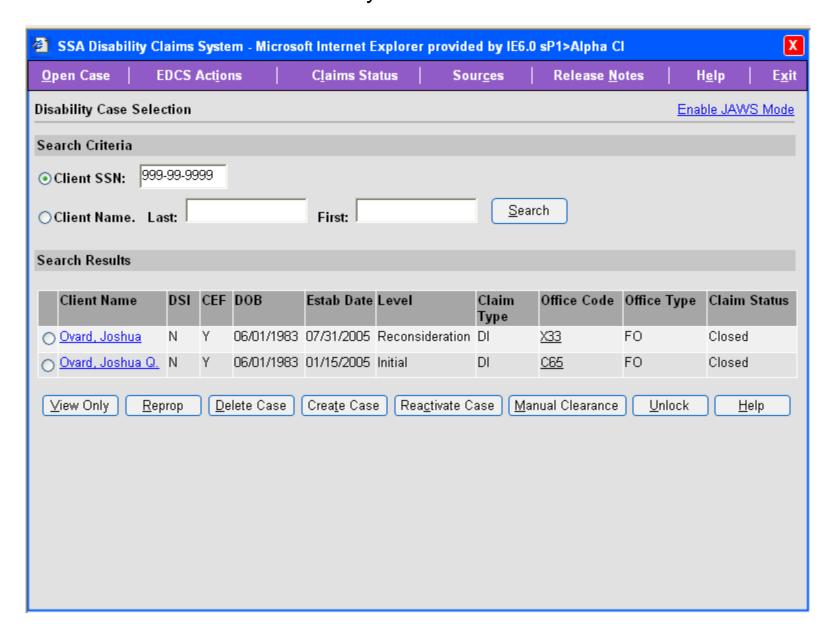
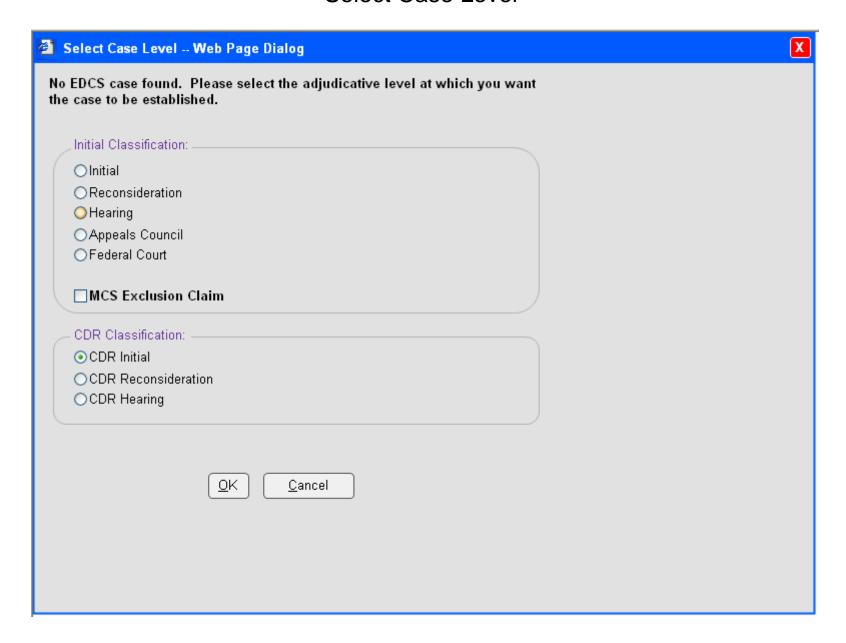
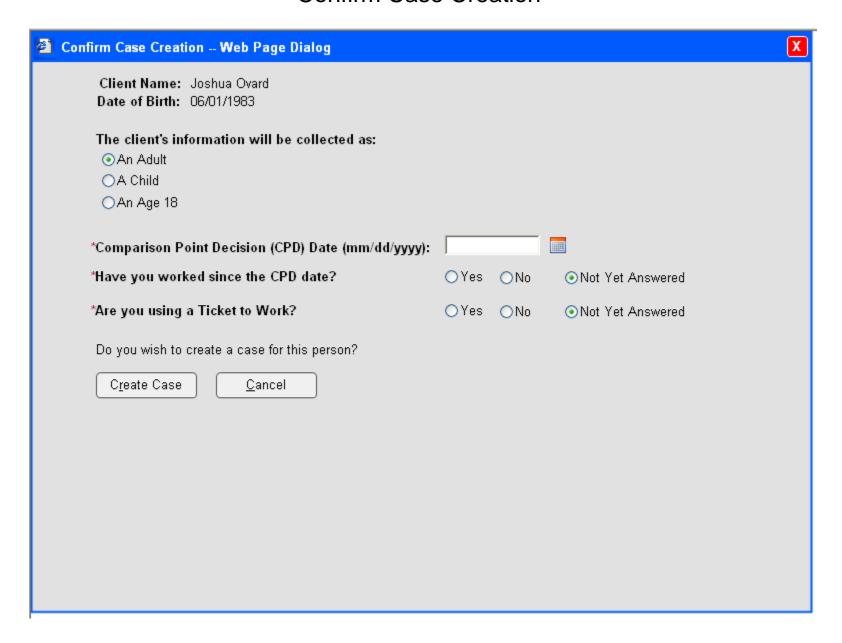
Disability Case Selection



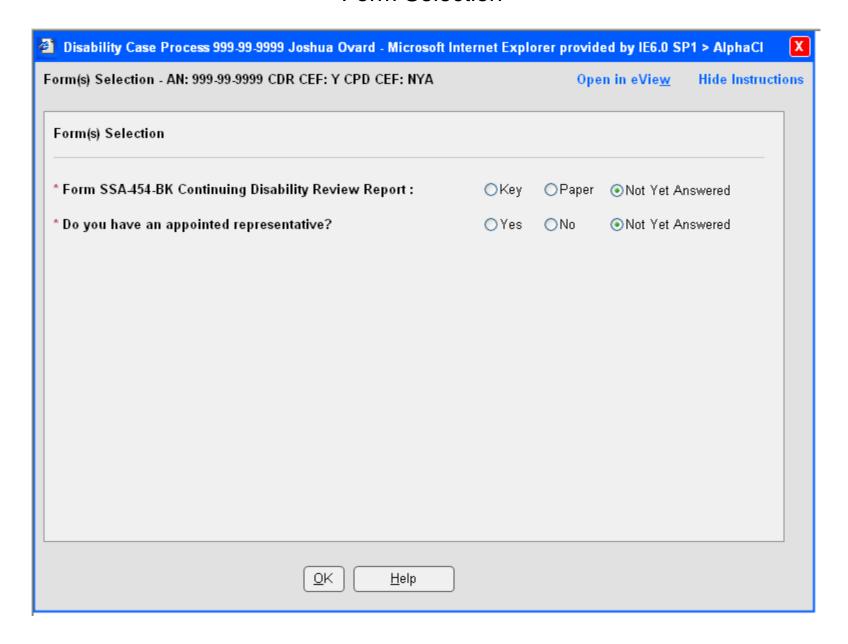
Select Case Level



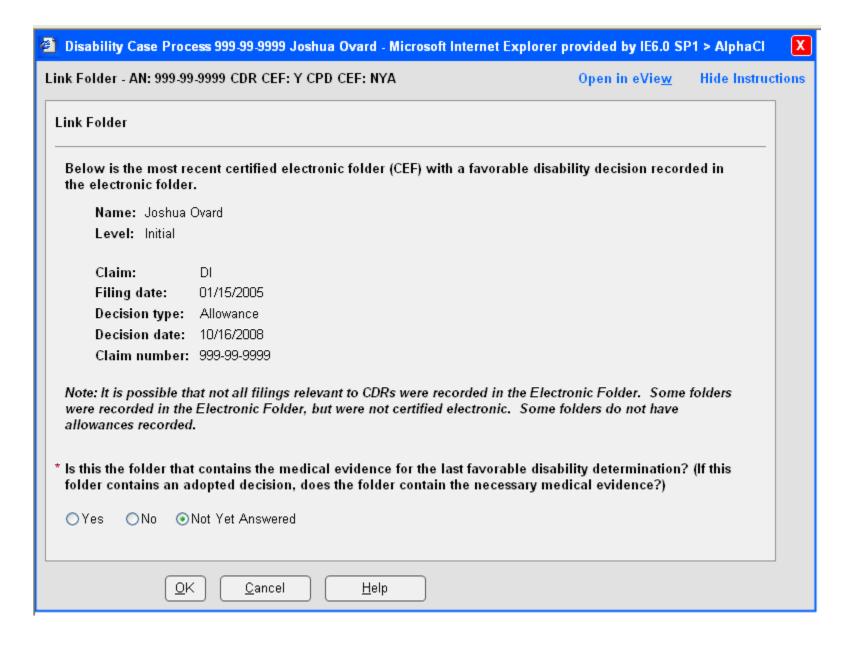
Confirm Case Creation



Form Selection



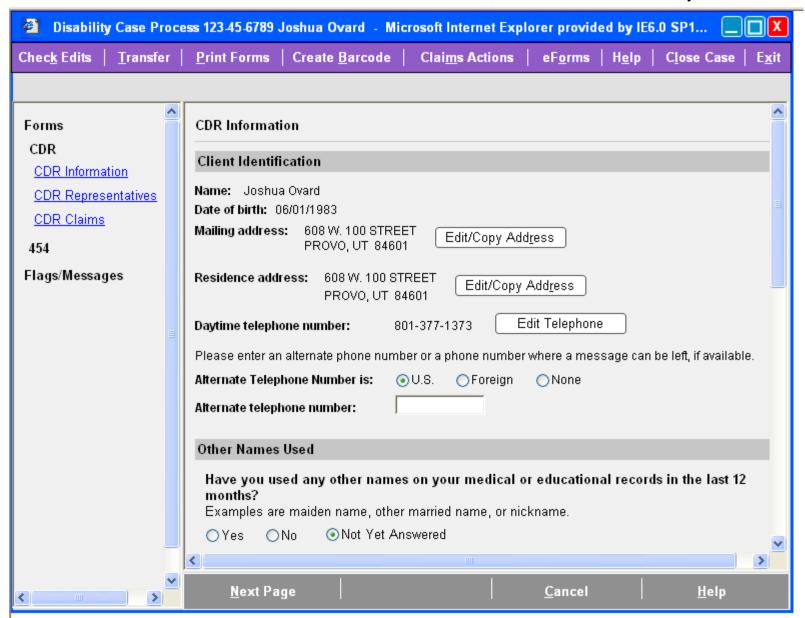
Link Folder



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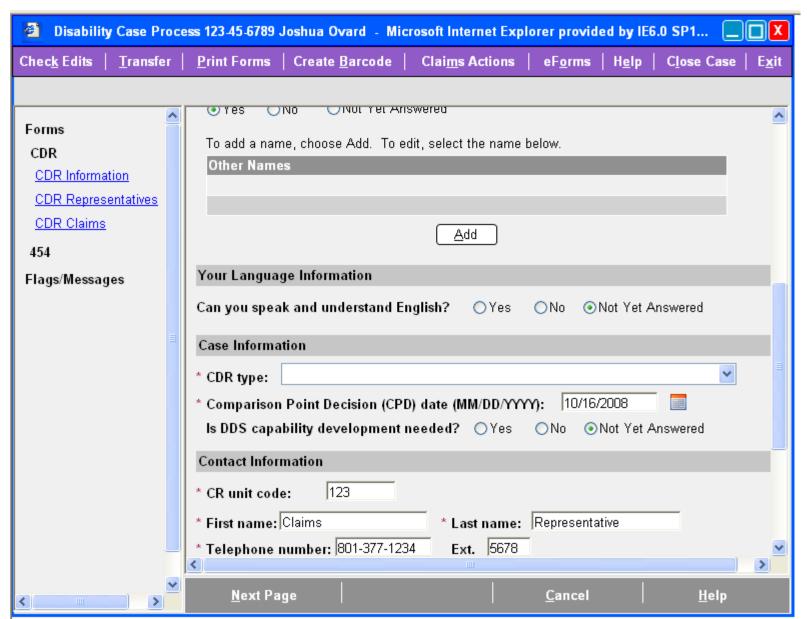
CDR Information, Part 1 of 2

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

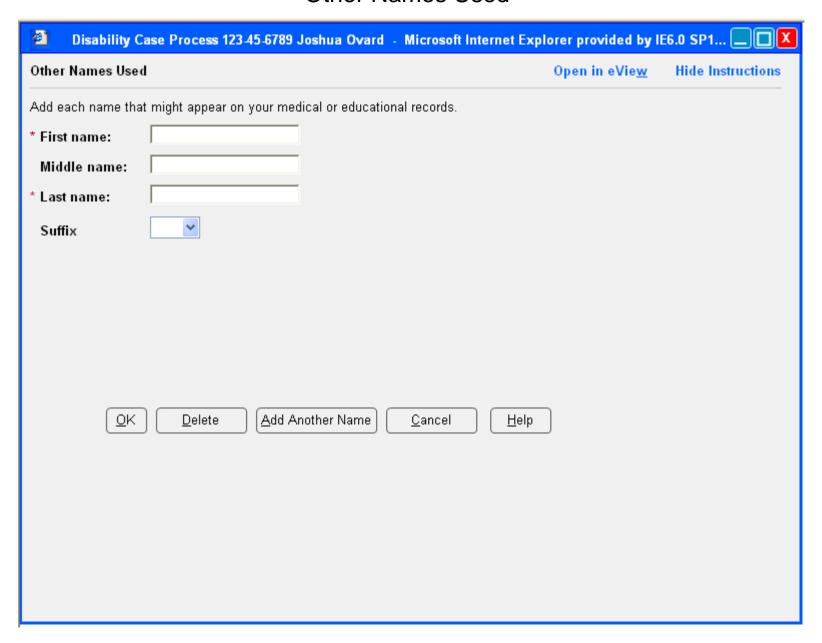


CDR Information, Part 2 of 2

Other Names = Yes, but no other names entered

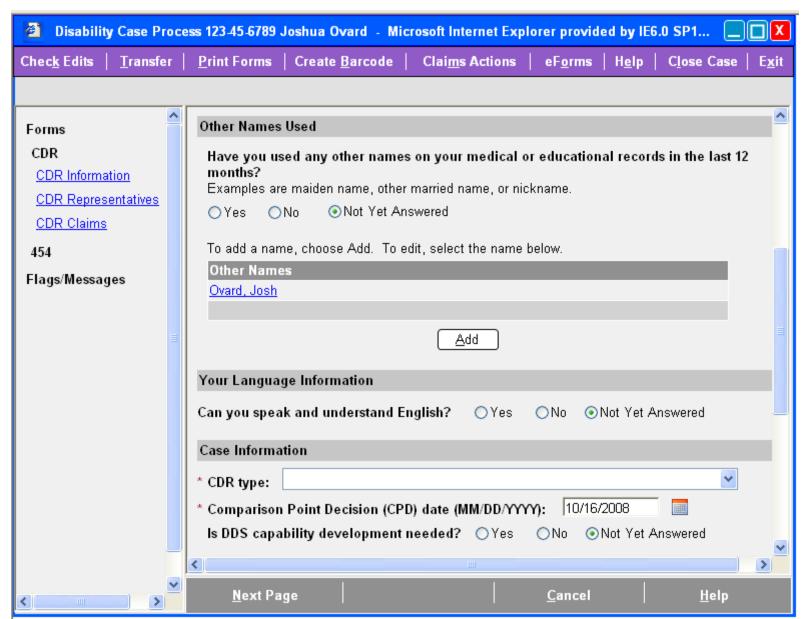


Other Names Used



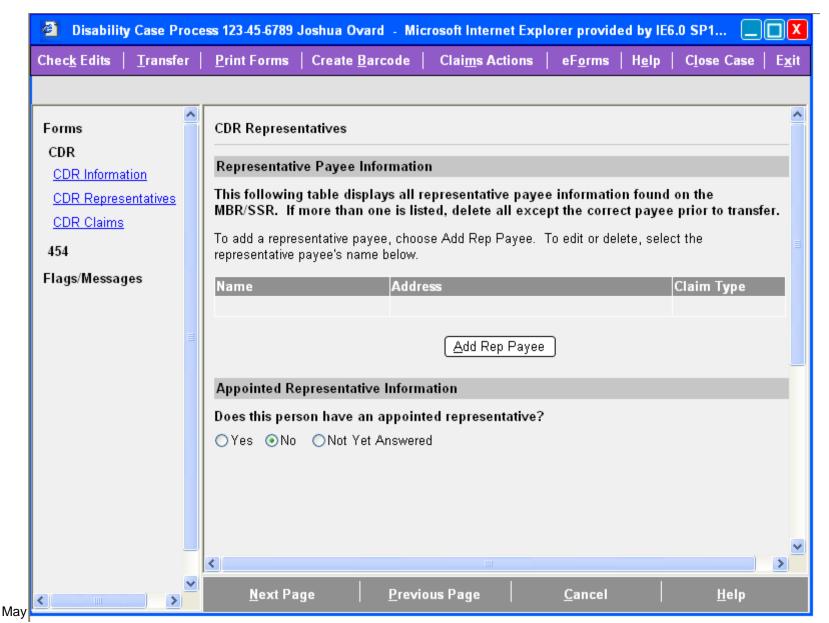
CDR Information, Part 2 of 2

Other Names = Yes, with another name entered



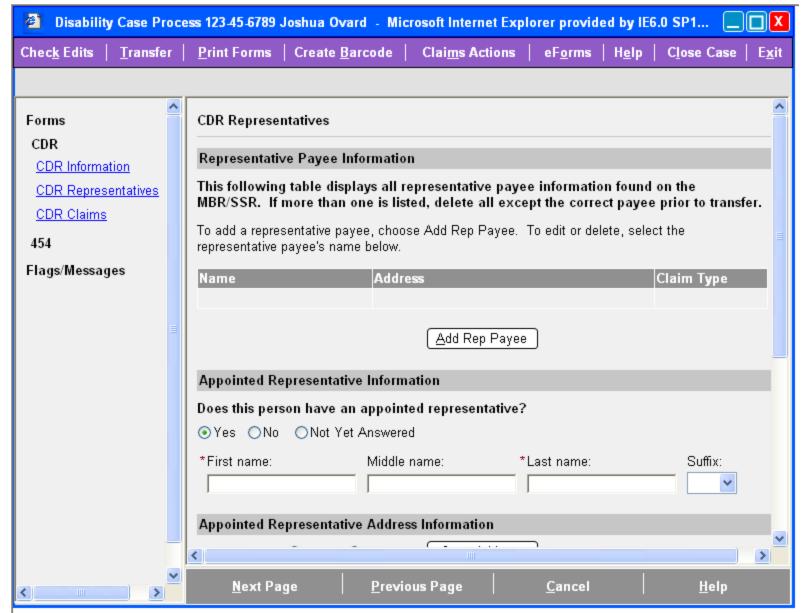
CDR Representatives

Appointed Representative = No



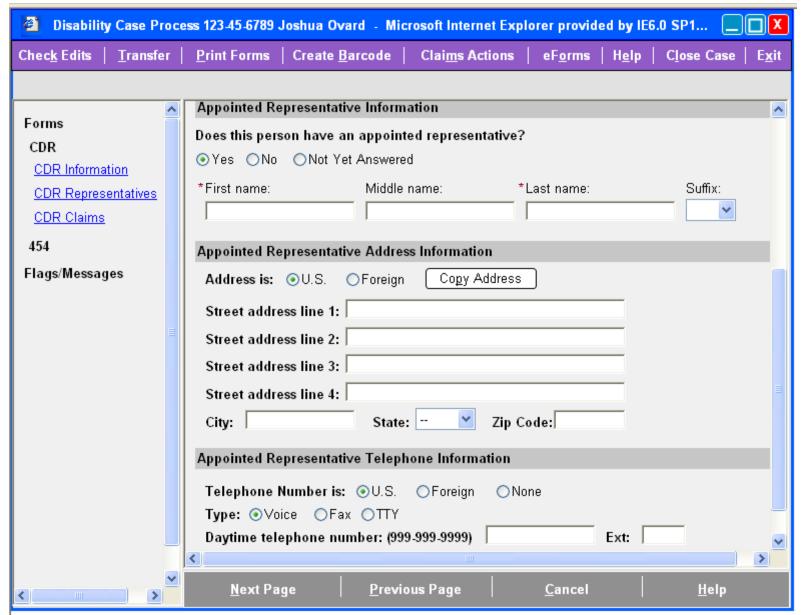
CDR Representatives, Part 1 of 2

Appointed Representative = Yes

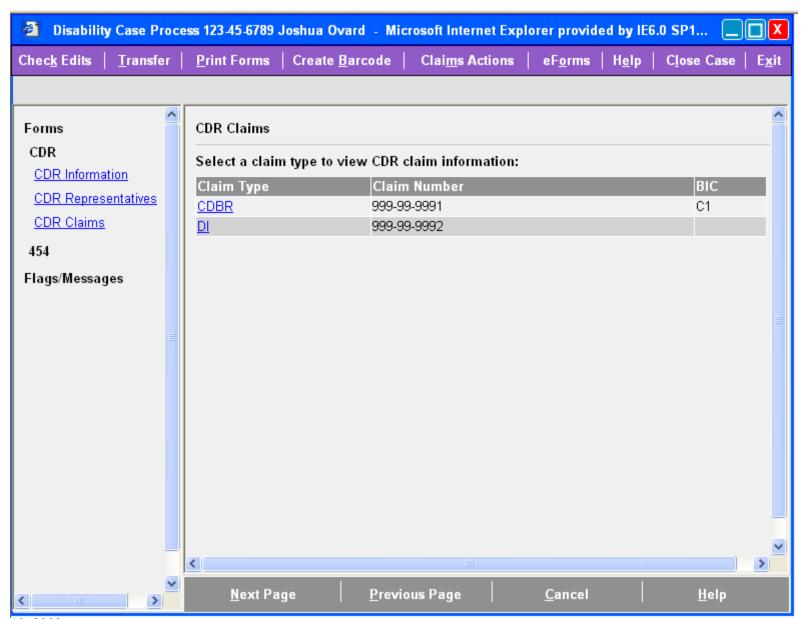


CDR Representatives, Part 2 of 2

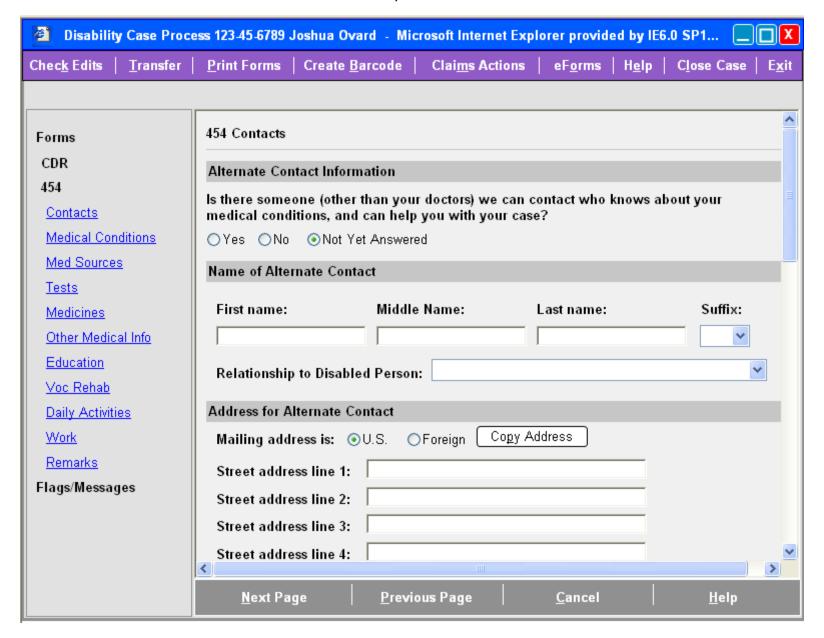
Appointed Representative = Yes



CDR Claims

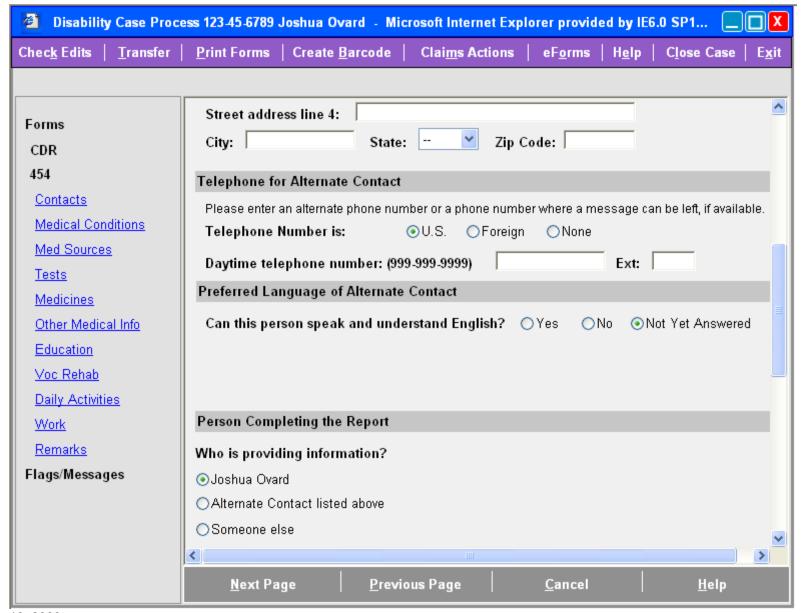


Contacts, Part 1 of 3



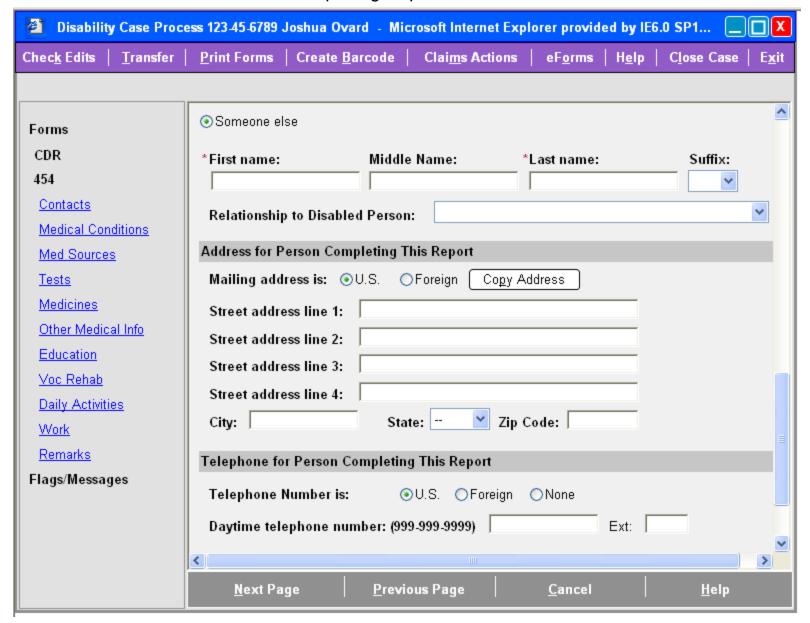
Contacts, Part 2 of 3

Person Completing Report = Claimant



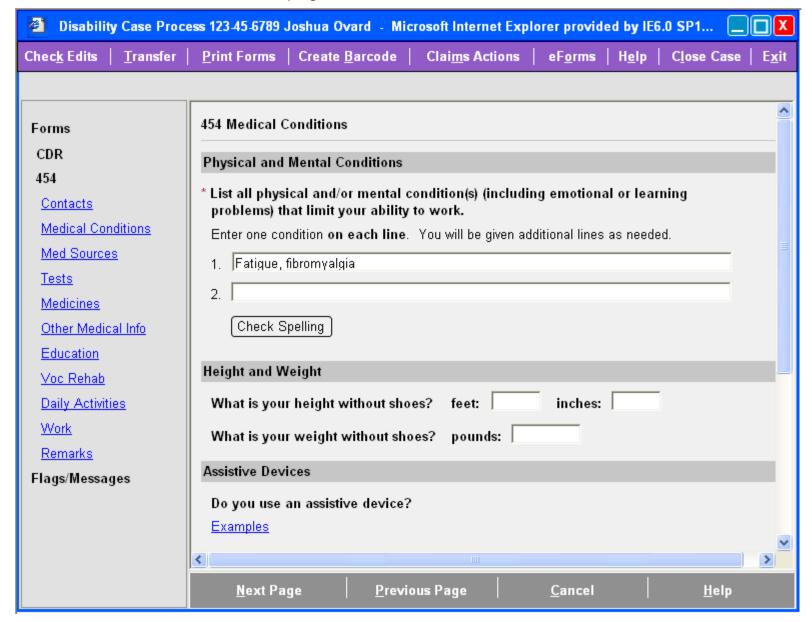
Contacts, Part 3 of 3

Person Completing Report = Someone Else



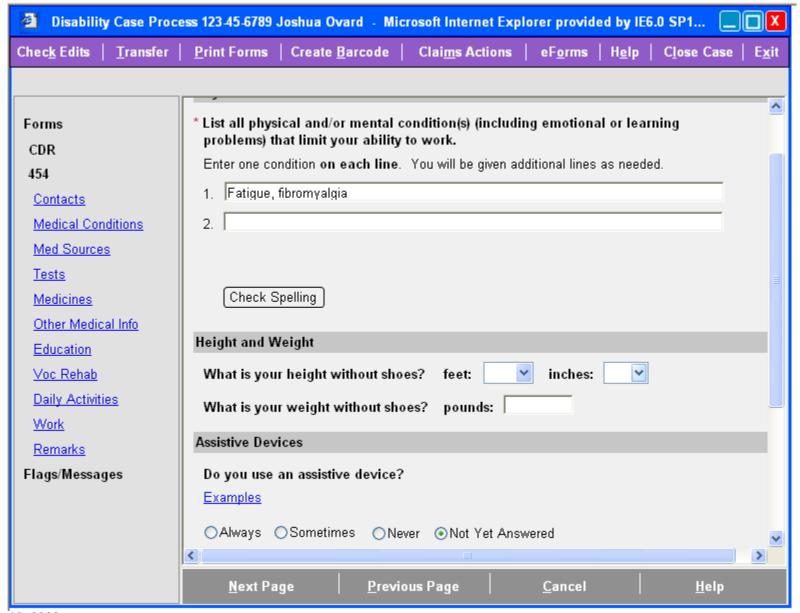
Medical Conditions, Part 1 of 2

Medical Conditions Propagated from mainframe, no new conditions entered



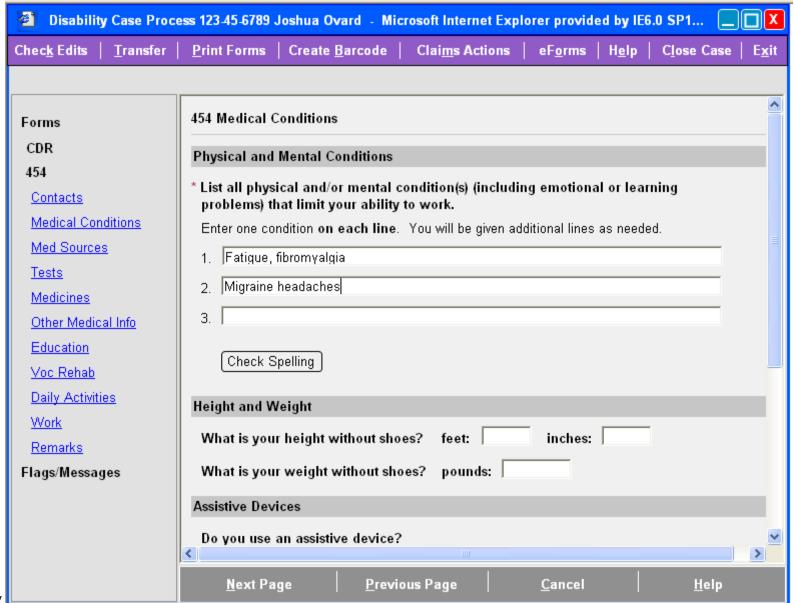
Medical Conditions, Part 2 of 2

Medical Conditions Propagated from mainframe, no new conditions entered



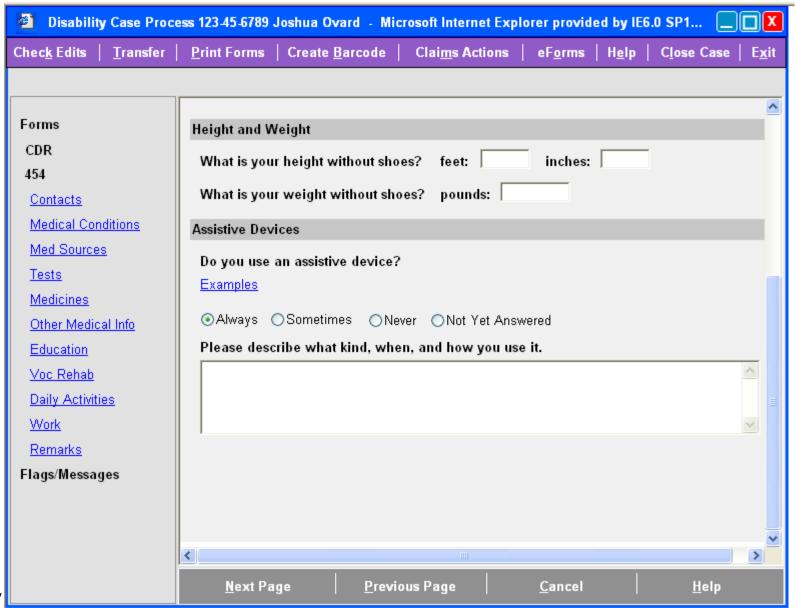
Medical Conditions, Part 1 of 2

Medical Conditions Propagated from mainframe, plus one new conditions entered User has indicated claimant uses an assistive device



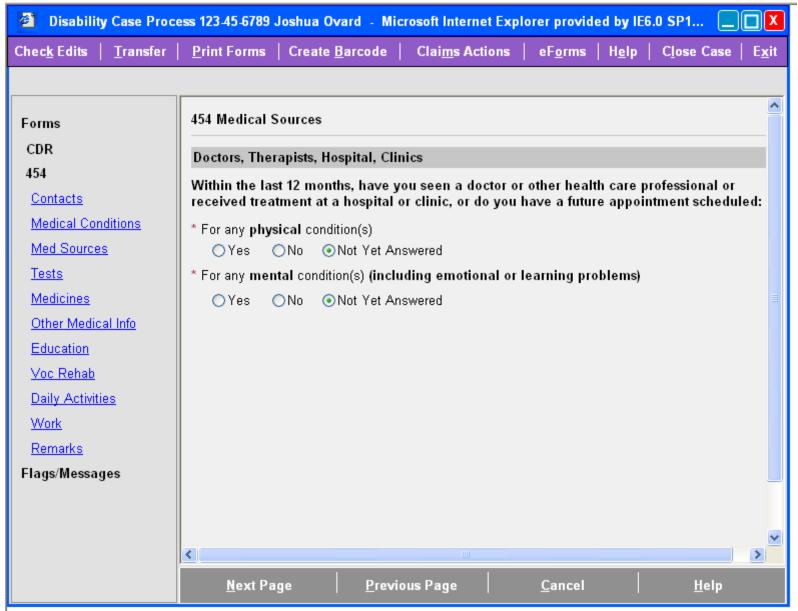
Medical Conditions, Part 2 of 2

Medical Conditions Propagated from mainframe, plus one new conditions entered User has indicated claimant uses an assistive device



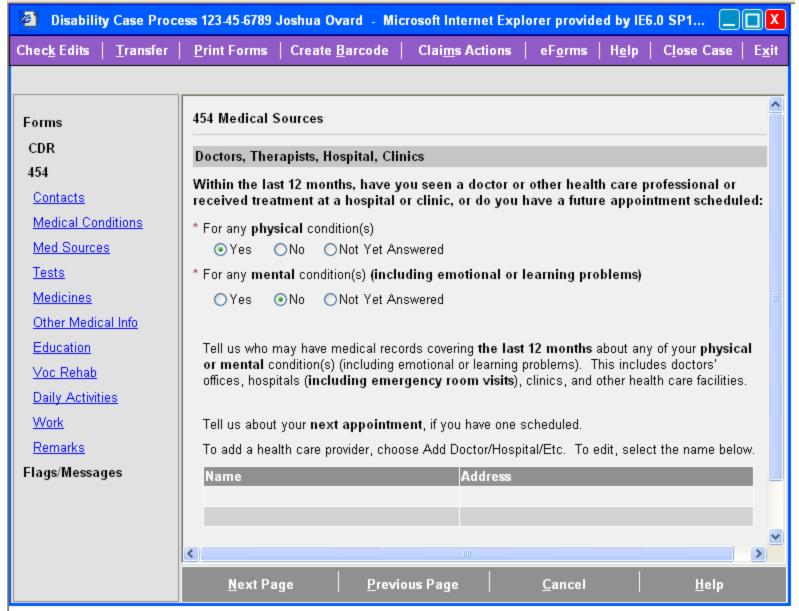
Medical Sources

Initial view

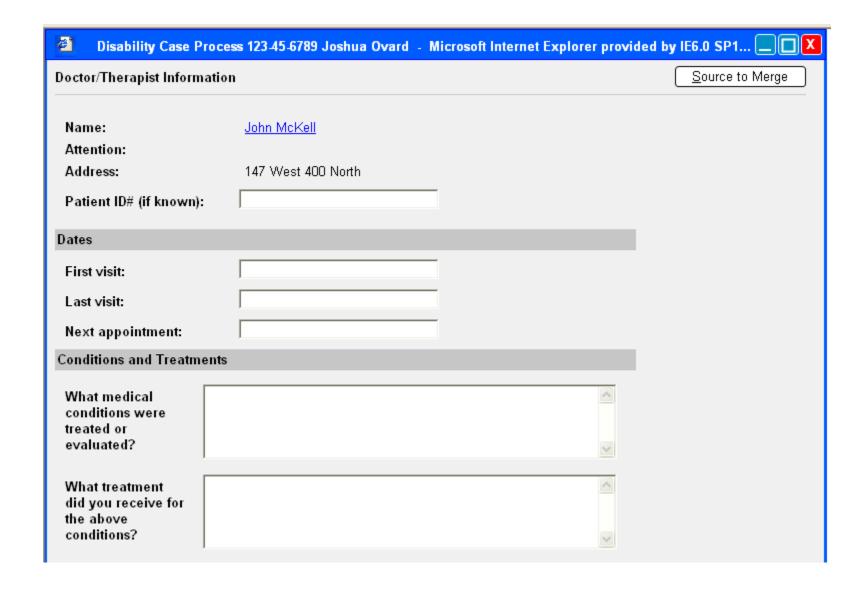


Medical Sources

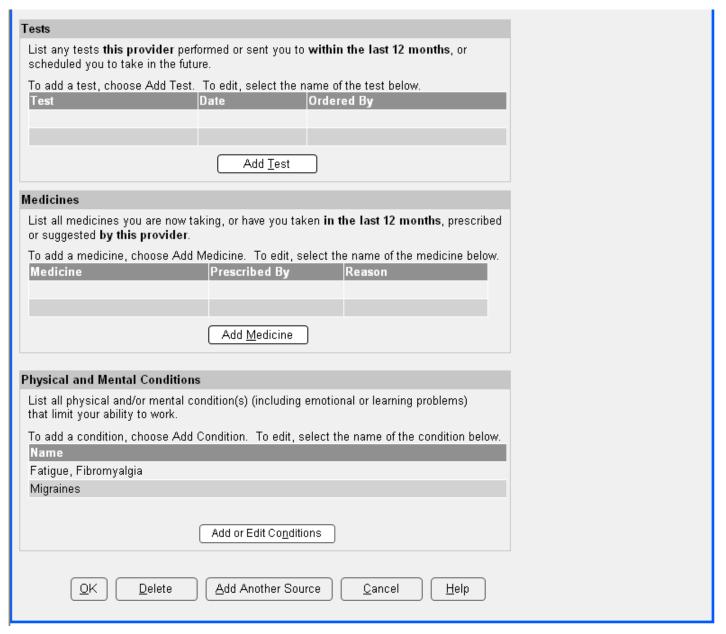
User has indicated claimant has medical sources, but has not entered any



Doctor/Therapist Information, Part 1 of 2

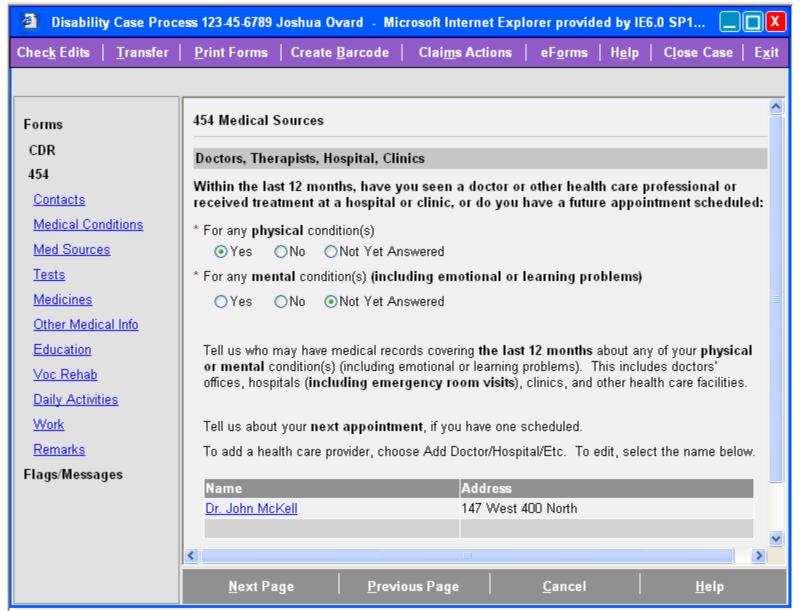


Doctor/Therapist Information, Part 2 of 2



Medical Sources

User has indicated claimant has medical sources and entered a doctor



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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			
Name of facility or office: Attention:	Utah General Hospital		
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?			
Date In:	Date Out:		
Date In:	Date Out:		
Date In:	Date Out:		
Did you have any outpatient	t visits? ⊙ Yes ○ No ○ Not Yet Answered		
First visit:			
Last visit:			
Next appointment:			

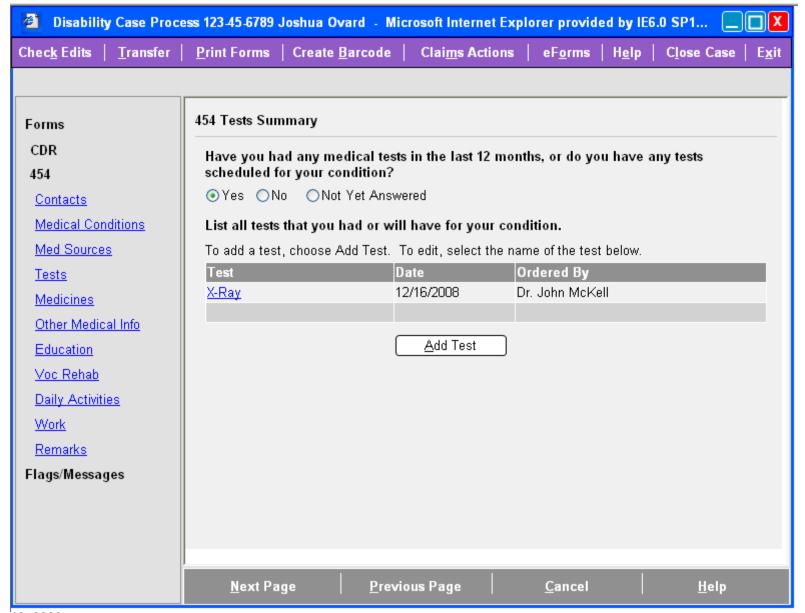
Add Hospital/Clinic, Part 2 of 3

Did you have any emergency room visits?			
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 or sent you to within the last 12 months , 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 Ordered By			
Add <u>T</u> est			

Add Hospital/Clinic, Part 3 of 3

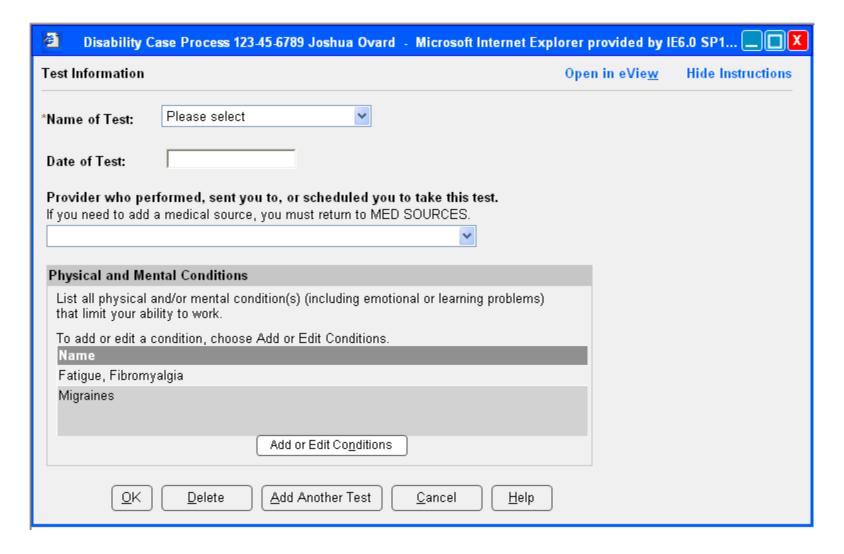
Medicines
List any prescription or non-prescription medicines you are now taking, or have you taken in the last 12 months, prescribed or suggested by this provider.
To add a medicine, choose Add Medicine. To edit, select the name of the medicine below. Medicine Prescribed By Reason
Add <u>M</u> edicine
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



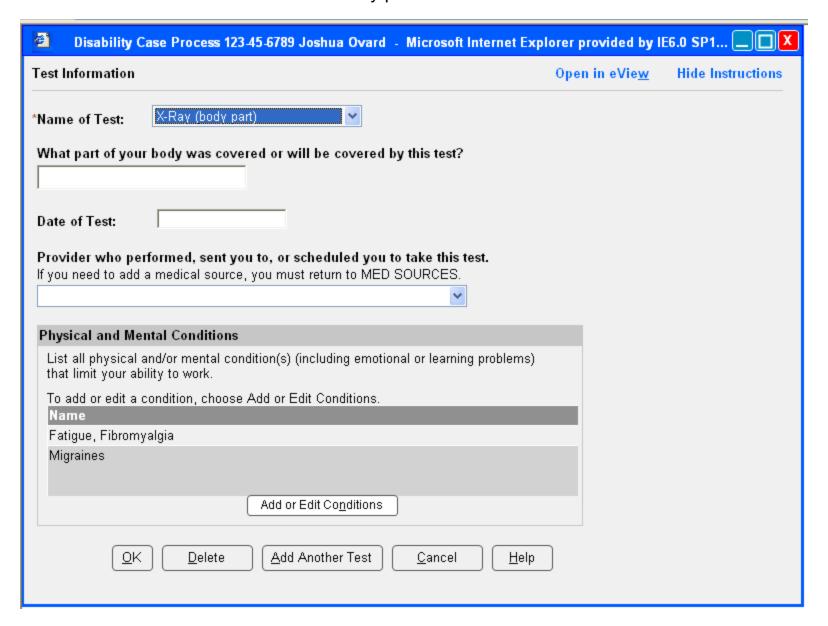
Test Information

No body part involved or other explanation needed

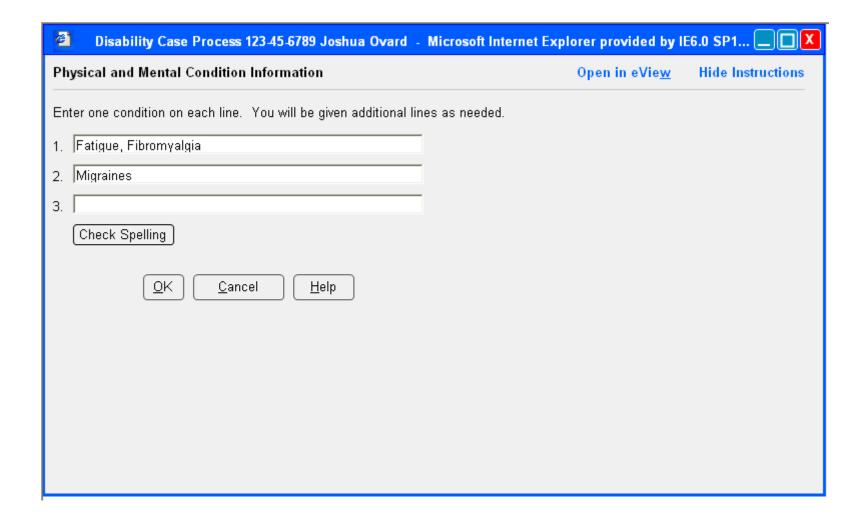


Test Information

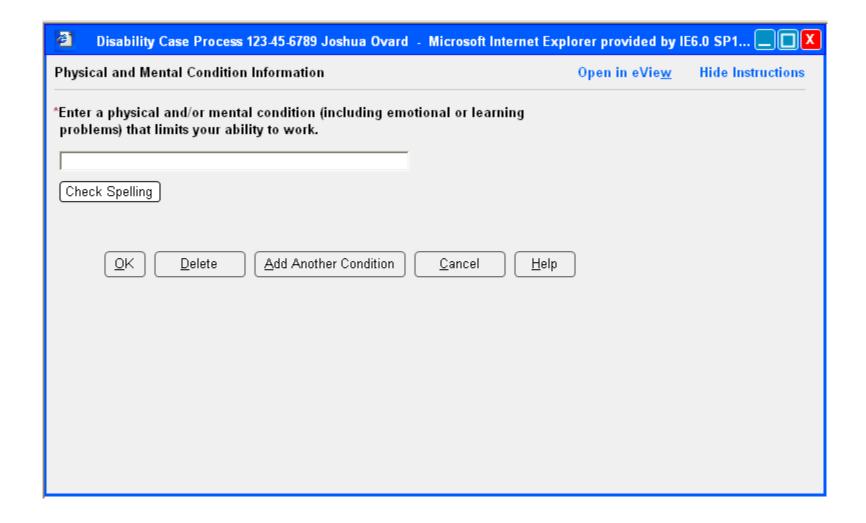
Body part involved



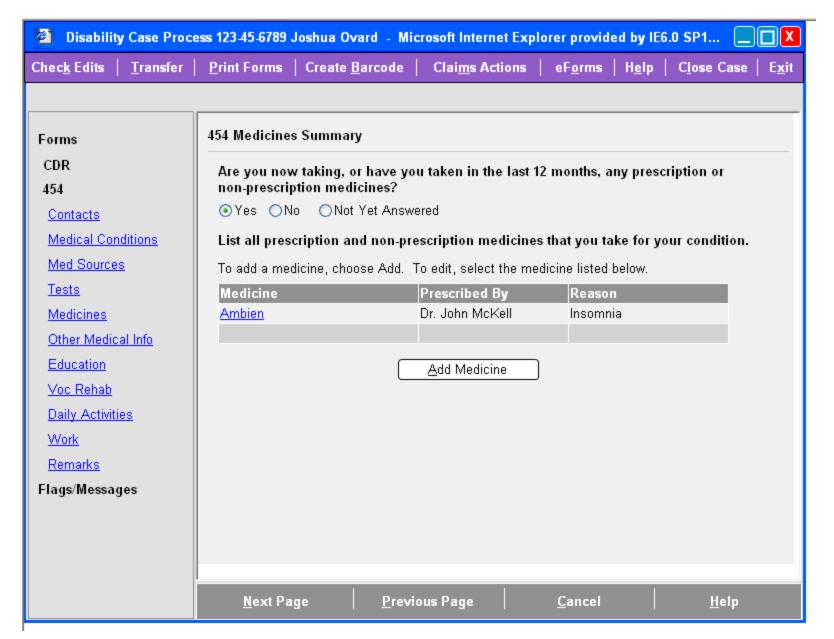
Physical and Mental Condition Information – Plan A Claimant adds physical or mental condition while adding test



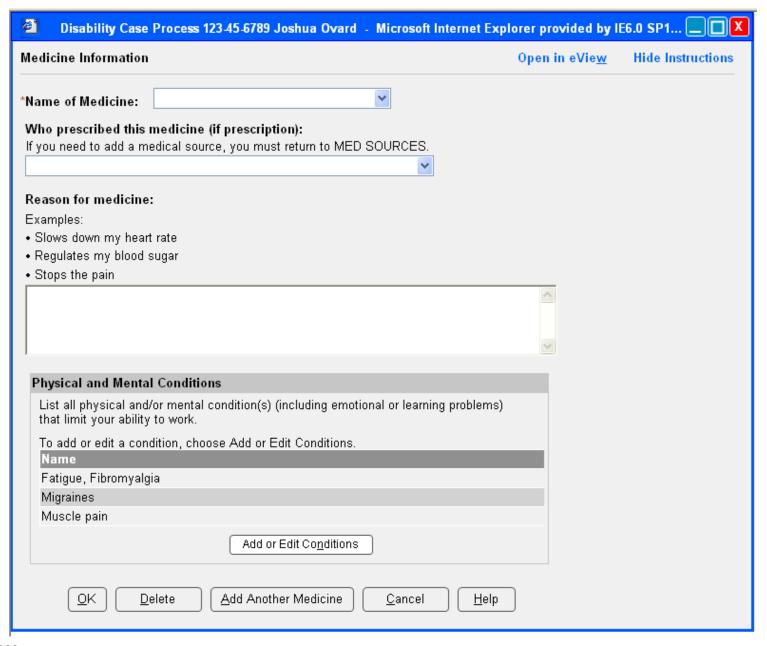
Physical and Mental Condition Information – Plan B Claimant adds physical or mental condition while adding test



Medicines Summary

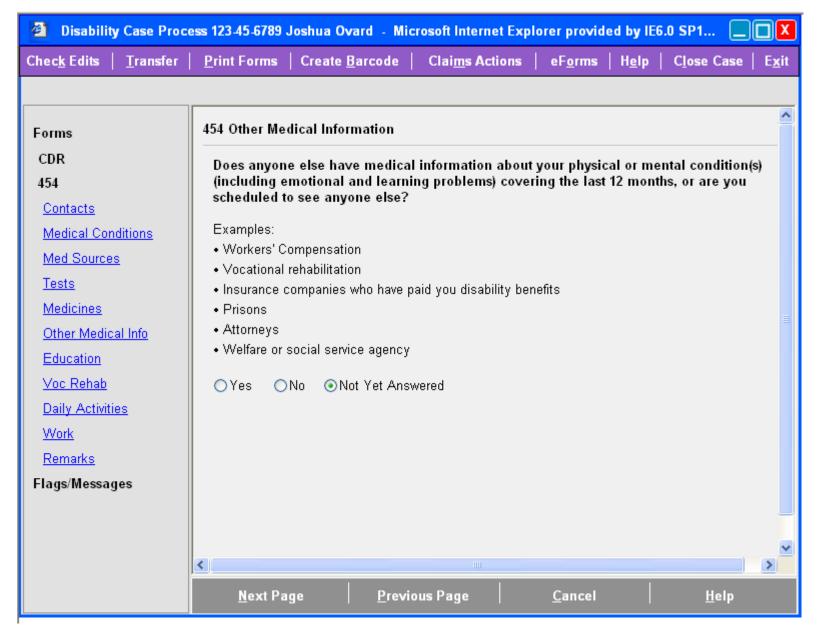


Medicine Information



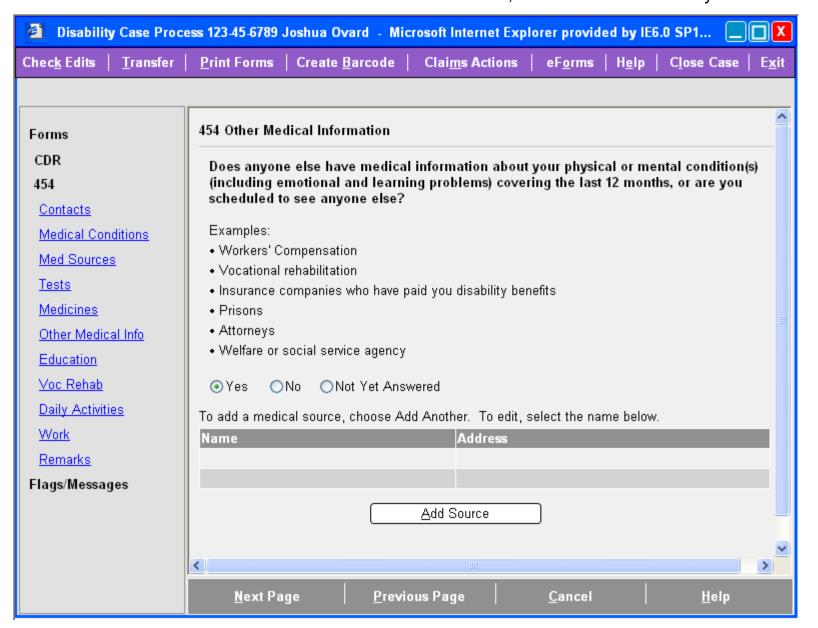
Other Medical Information

Initial View



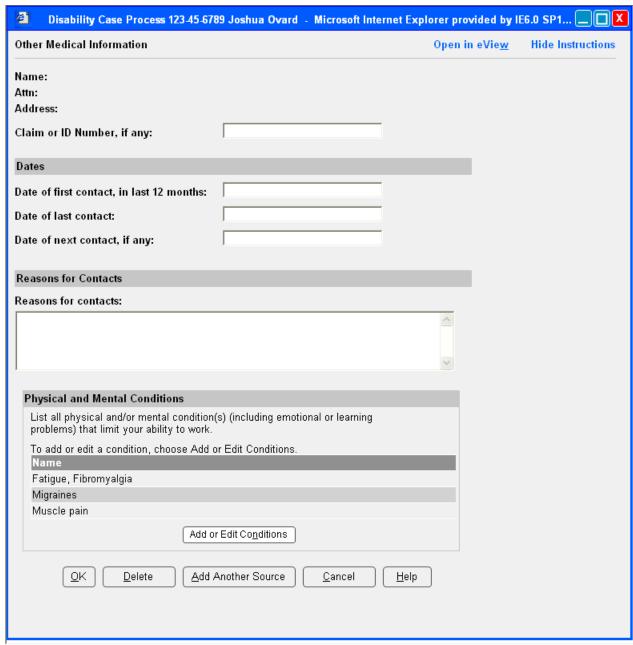
Other Medical Information

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



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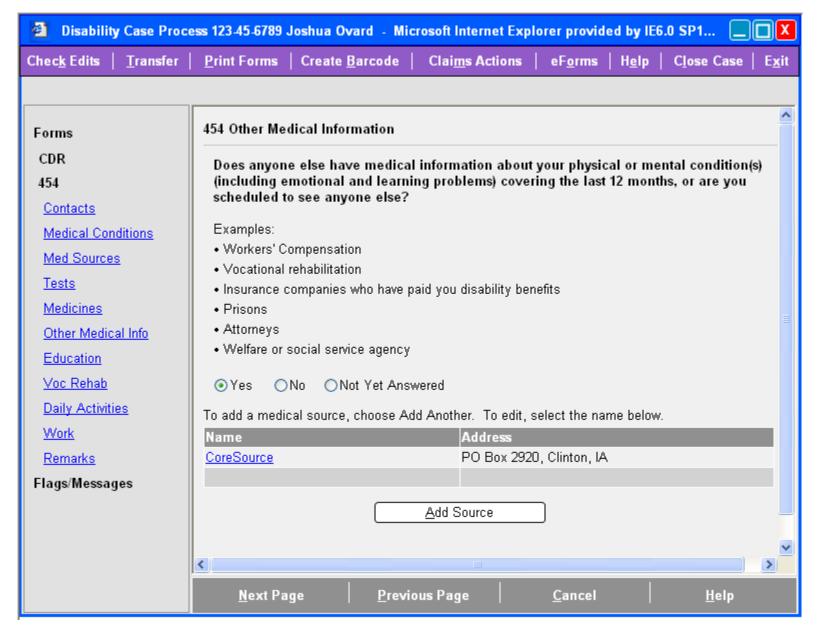
Other Medical Information



May 13, 2009

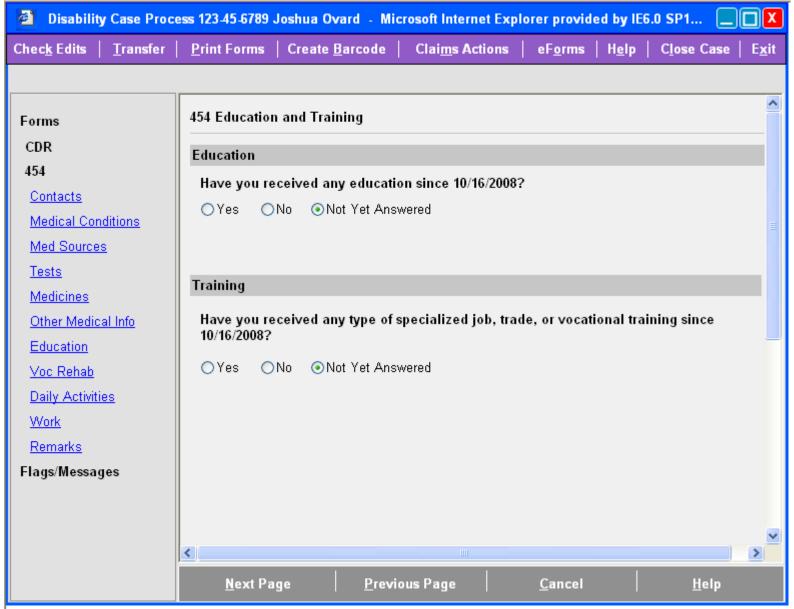
Other Medical Information

User has entered an other medical source



Education and Training

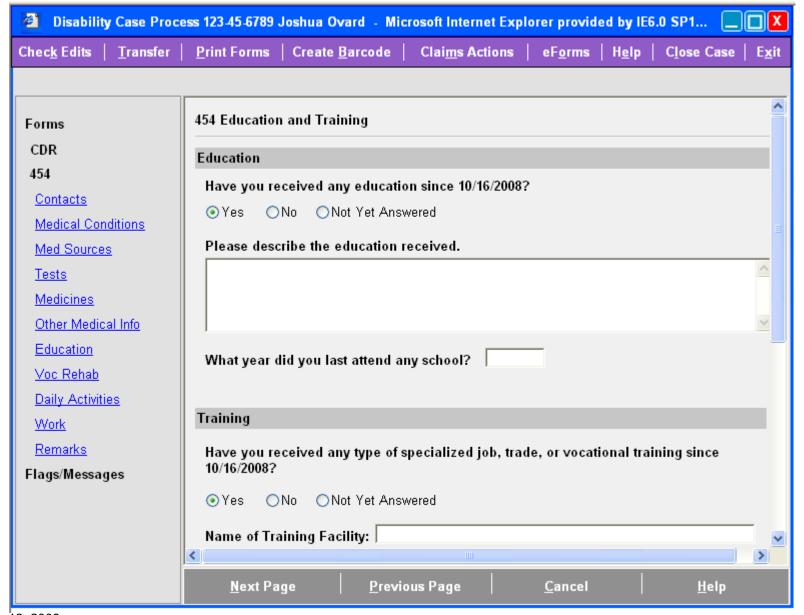
Initial View



May 13, ∠∪∪9

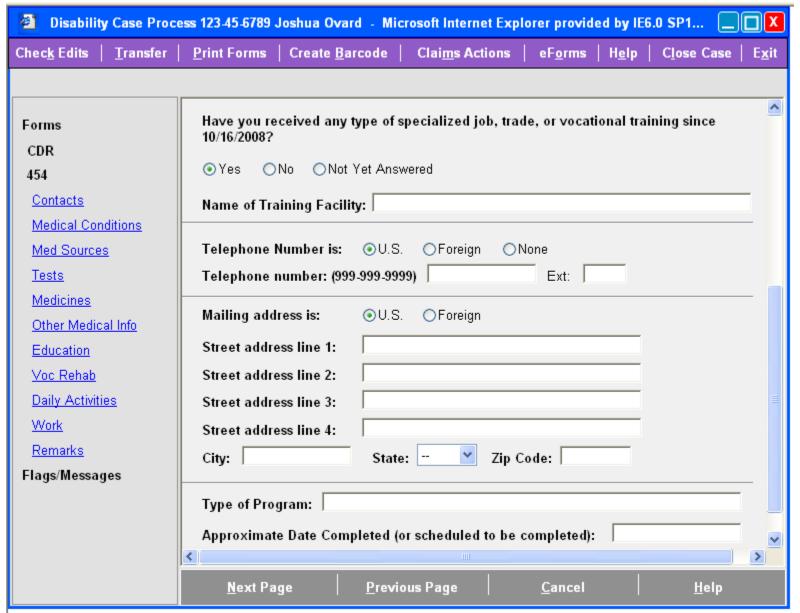
Education and Training, Part 1 of 2

User has indicated claimant received education and training



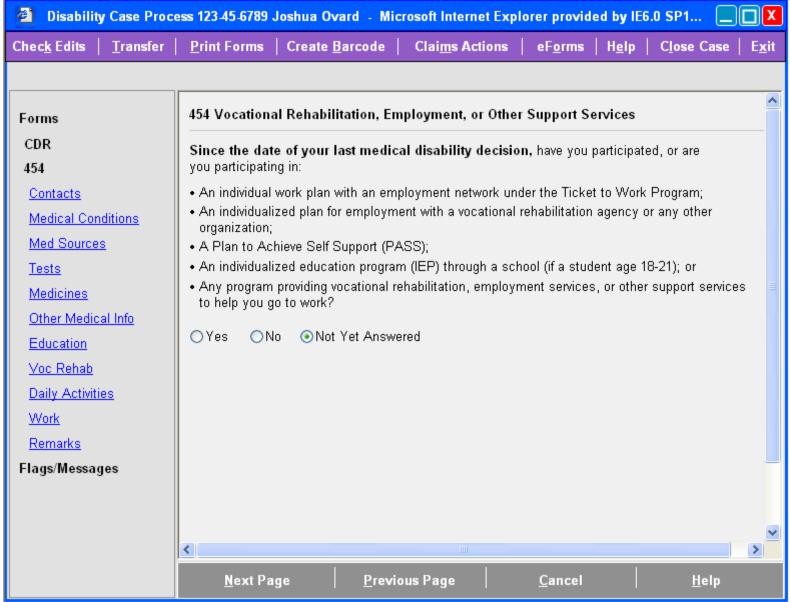
Education and Training, Part 2 of 2

User has indicated claimant received training



May ¹₁ʒ, ∠υυッ 42

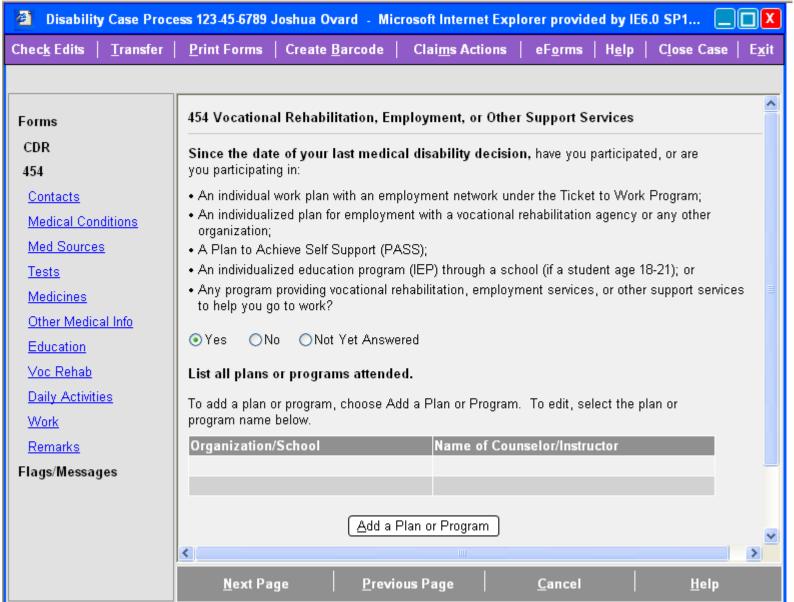
Vocational Rehabilitation, Employment, or Other Support Services Initial View



May 13, ∠∪∪y 43

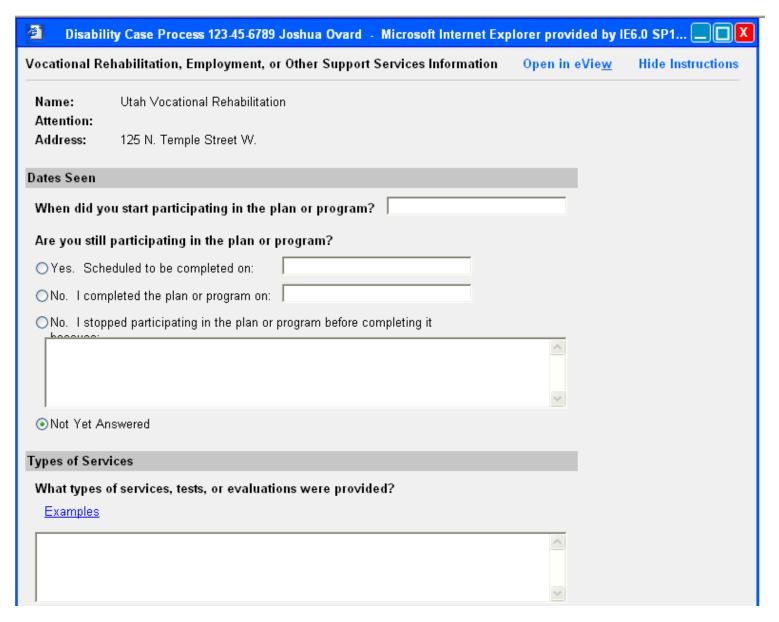
Vocational Rehabilitation

User has indicated claimant received vocational rehabilitation, but has not entered any

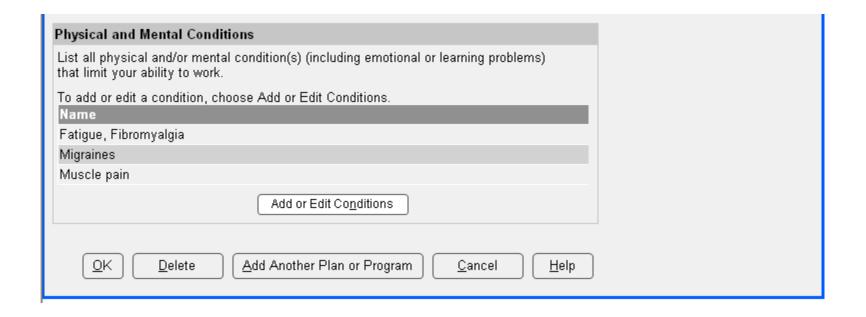


May 1..., ____

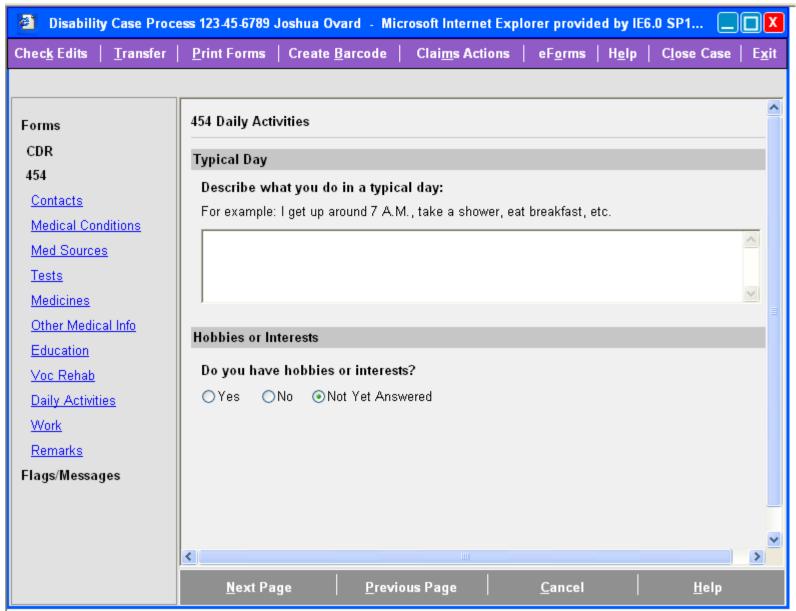
Vocational Rehabilitation, Employment, or Other Support Services Information, Part 1 of 2



Vocational Rehabilitation, Employment, or Other Support Services Information, Part 2 of 2



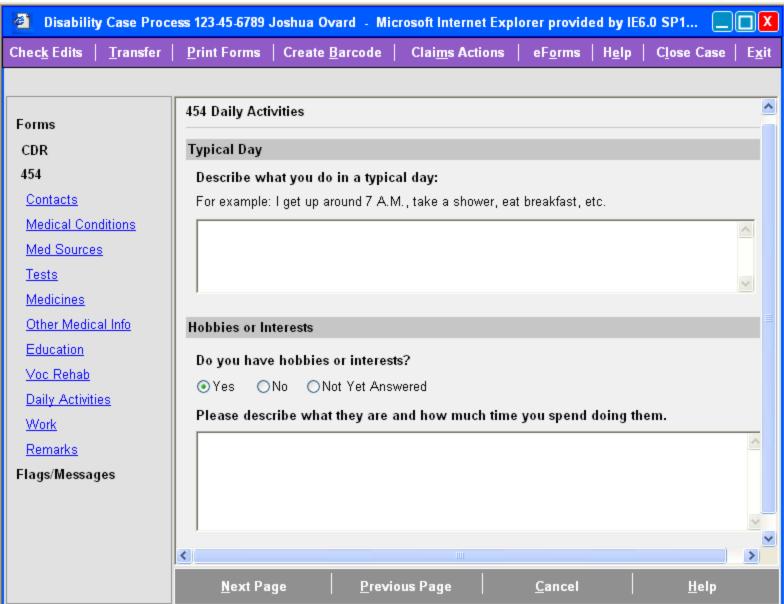
Daily Activities Initial View



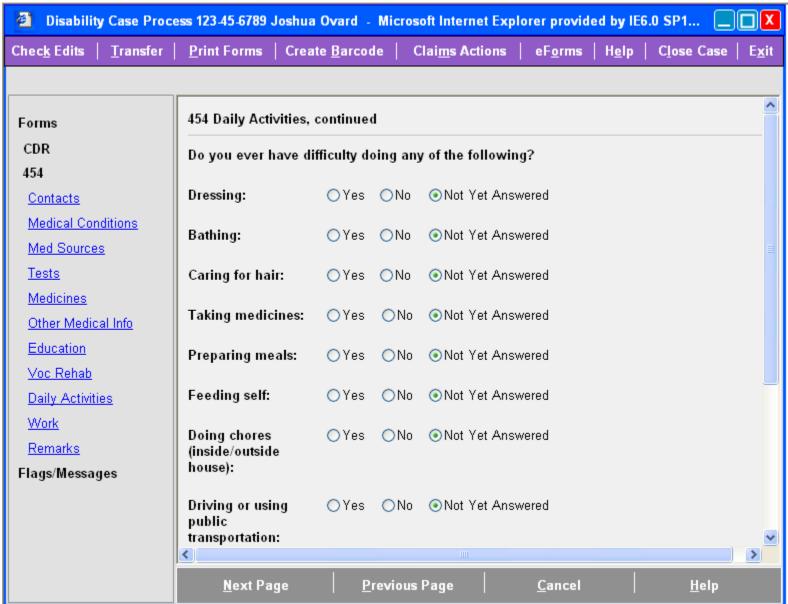
May 1, 2, 2009

Daily Activities

User has indicated claimant has hobbies or interests

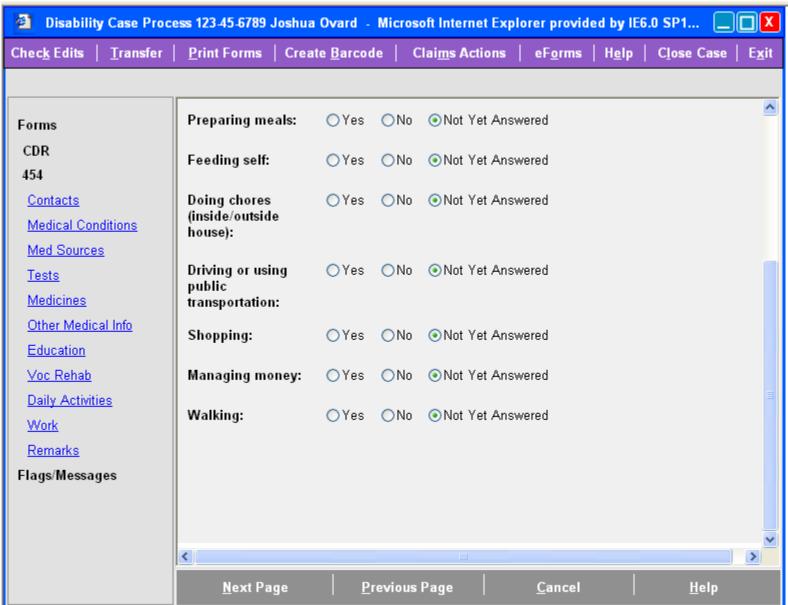


Daily Activities, continued, Part 1 of 2 Initial View



May 1.5, 2000

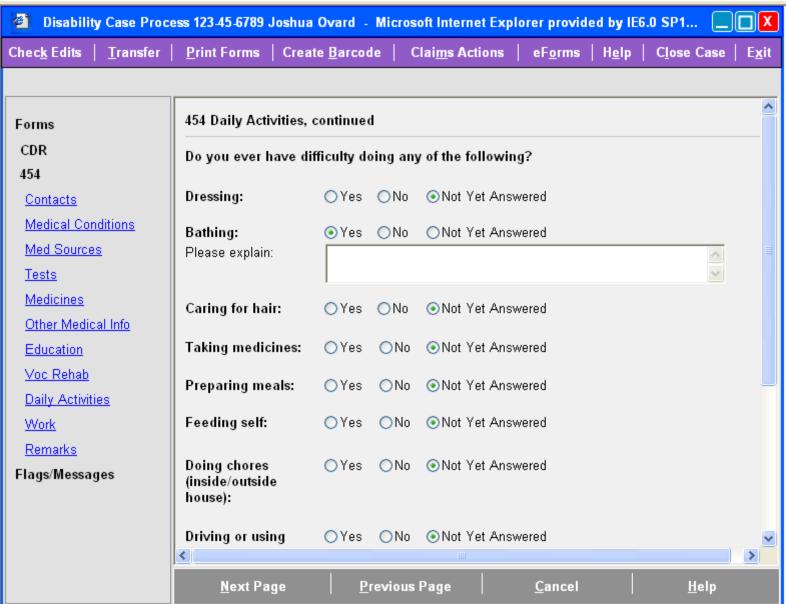
Daily Activities, continued, Part 2 of 2 Initial View



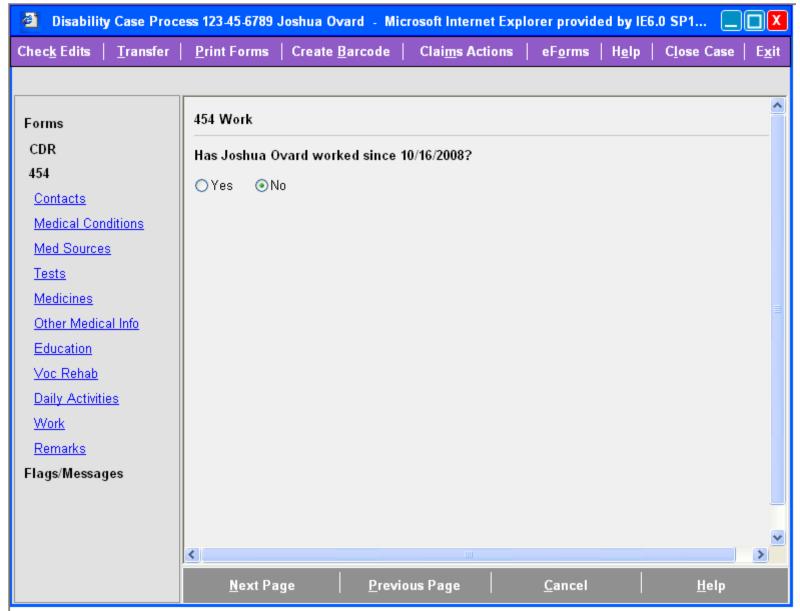
May 1.0, 2000

Daily Activities, continued

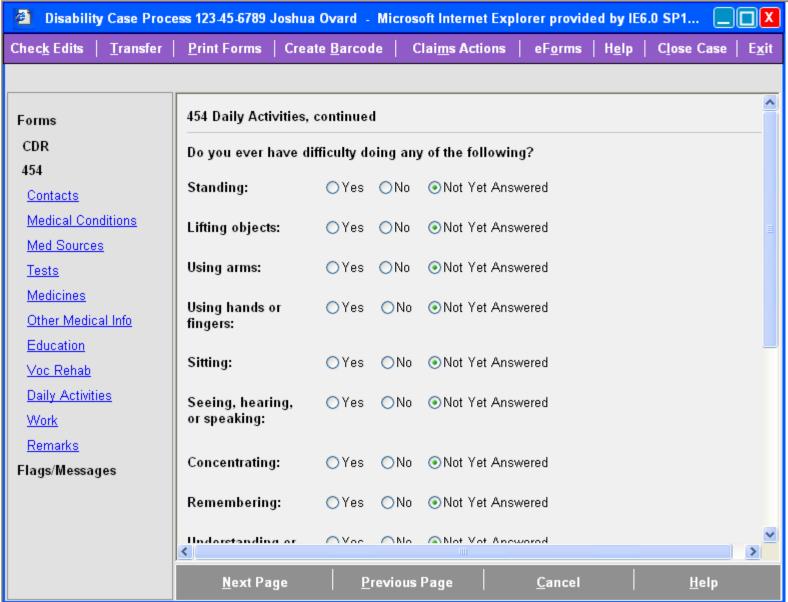
User has indicated claimant has difficulty bathing



Work

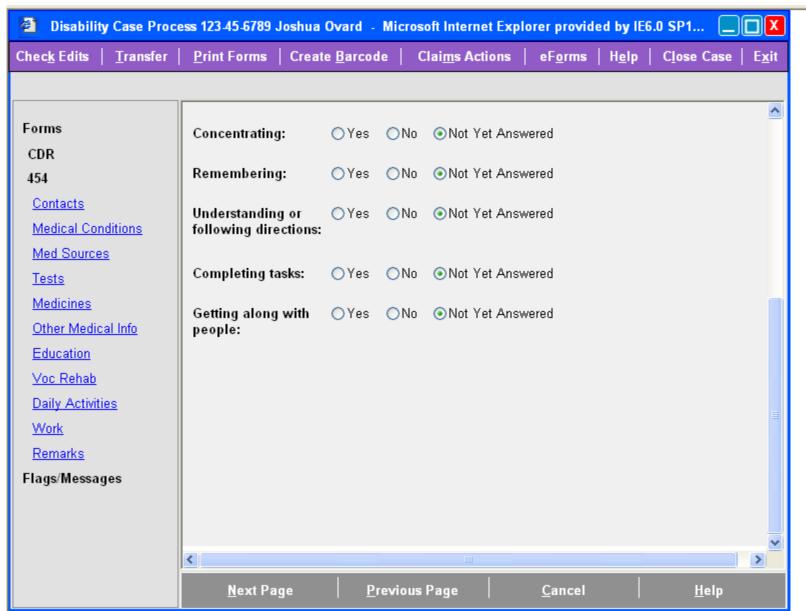


Daily Activities, cont 2, Part 1 of 2 Initial View



May 1, 111 53

Daily Activities, cont 2, Part 2 of 2 Initial View



May ..., ____ 54

Remarks

