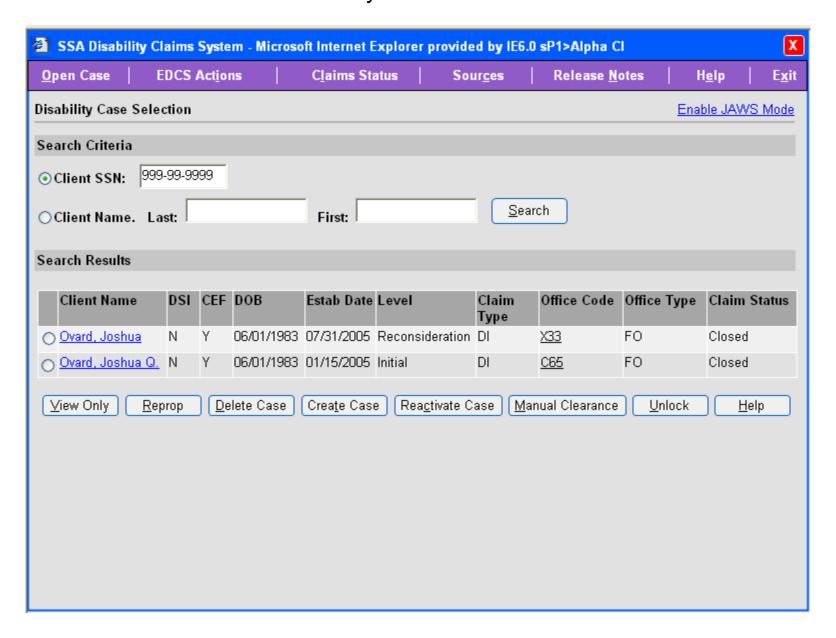
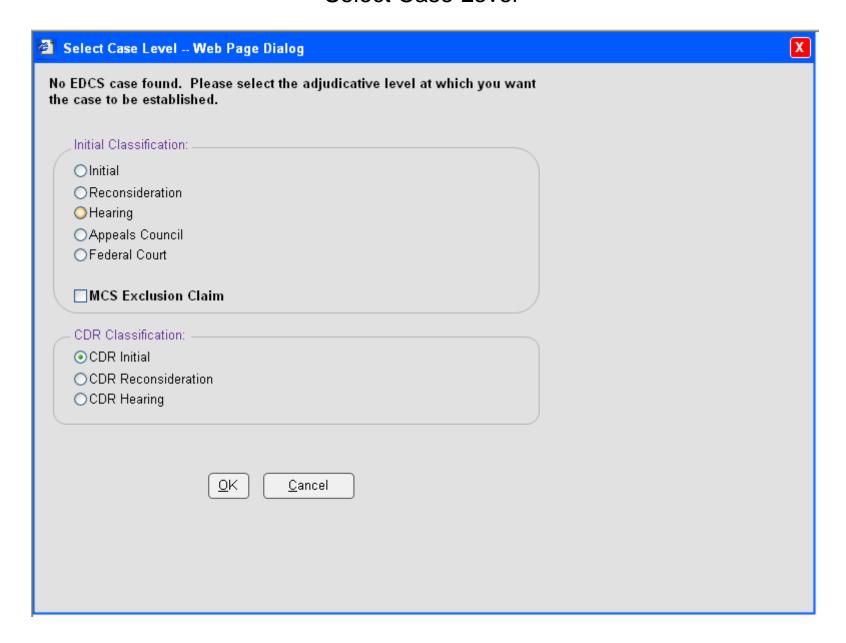
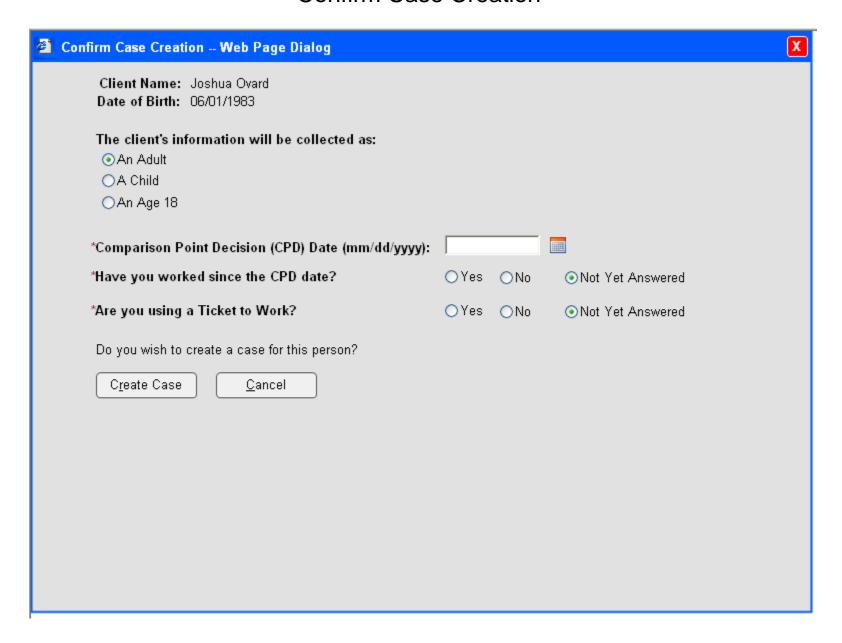
Disability Case Selection



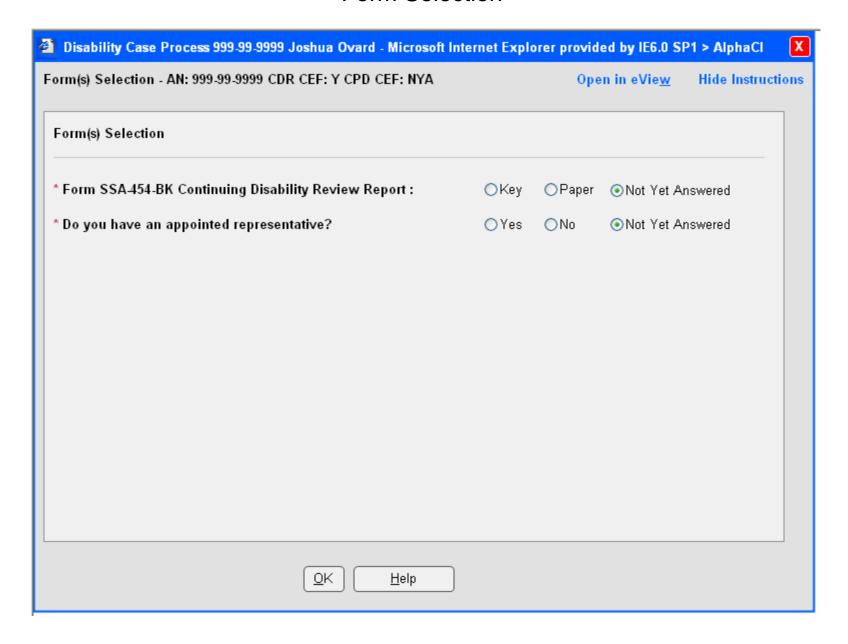
Select Case Level



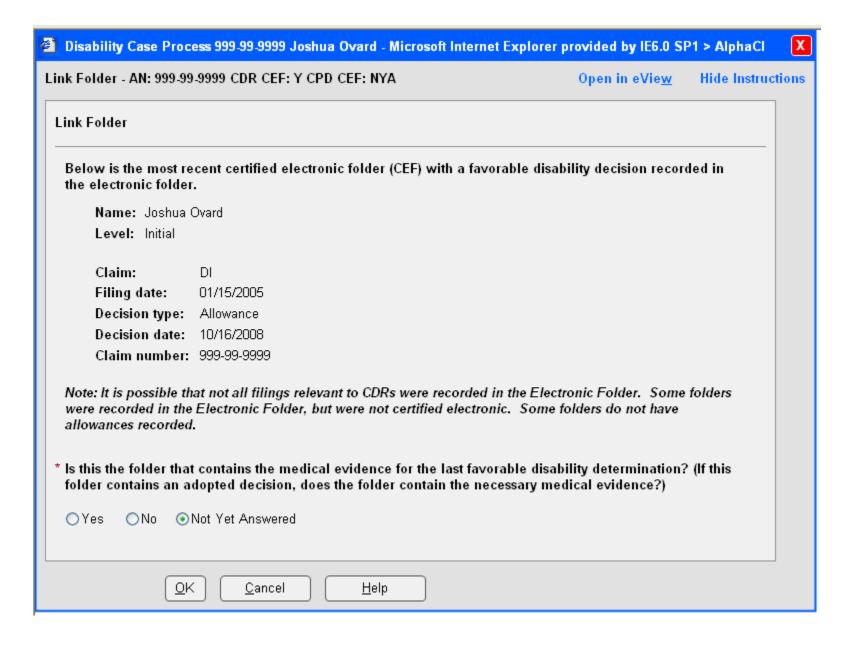
Confirm Case Creation



Form Selection



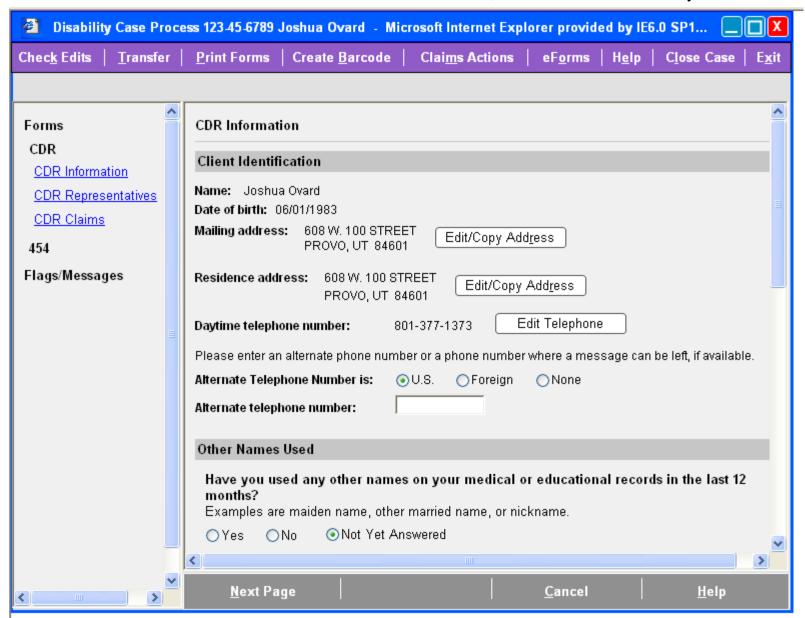
Link Folder



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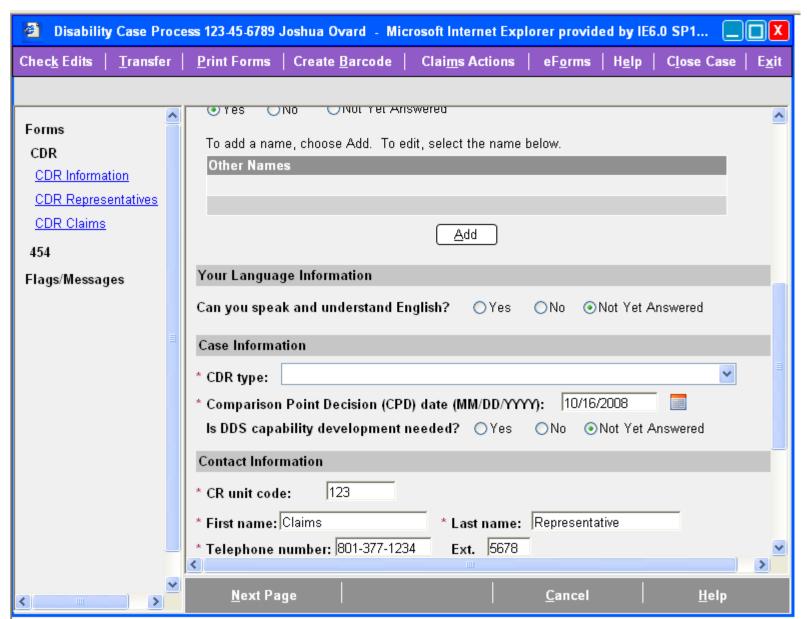
CDR Information, Part 1 of 2

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

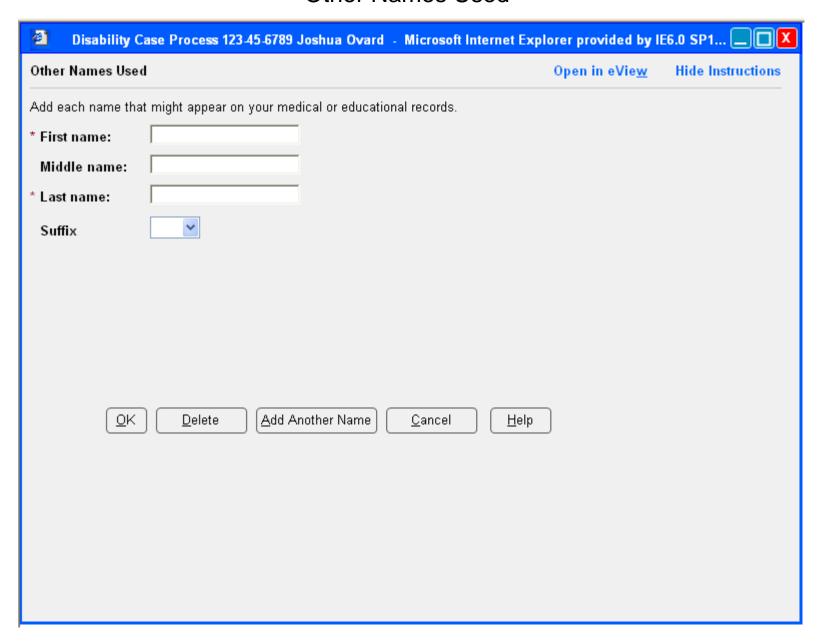


CDR Information, Part 2 of 2

Other Names = Yes, but no other names entered

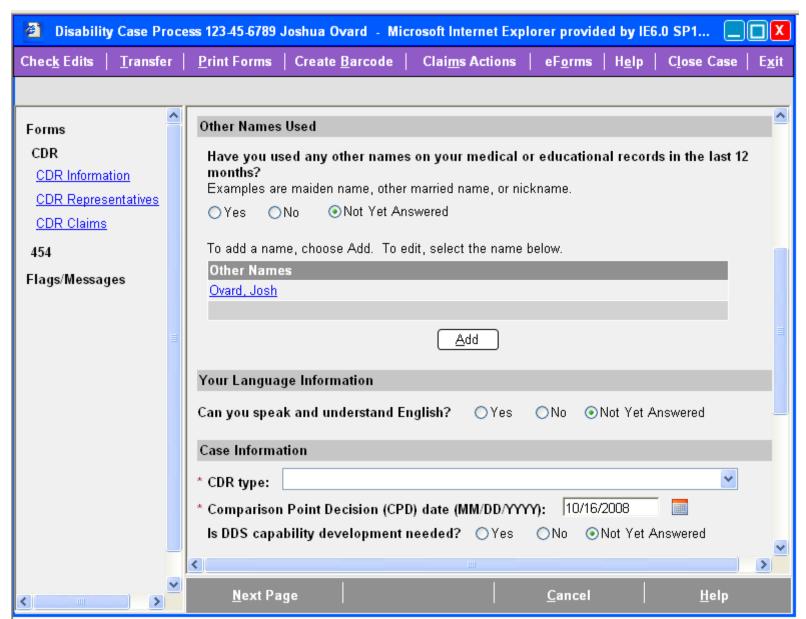


Other Names Used



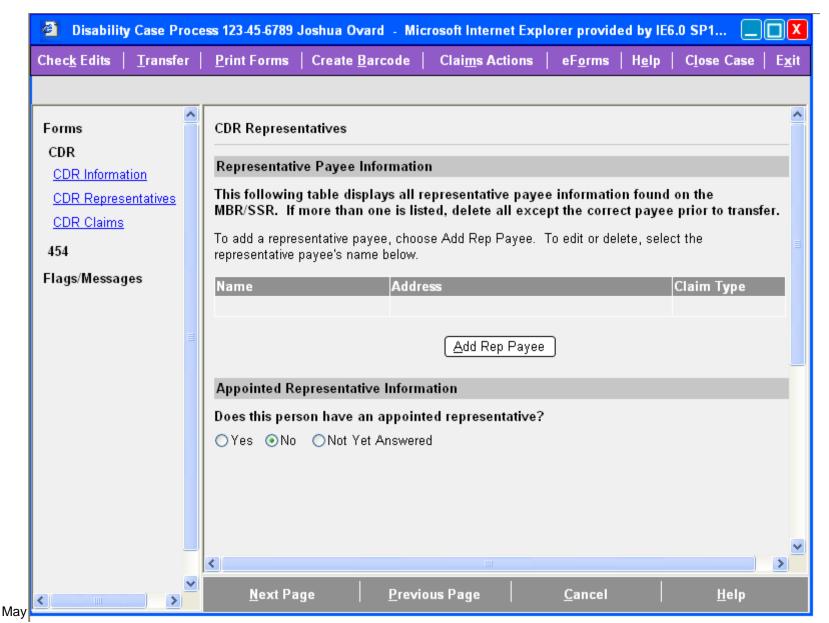
CDR Information, Part 2 of 2

Other Names = Yes, with another name entered



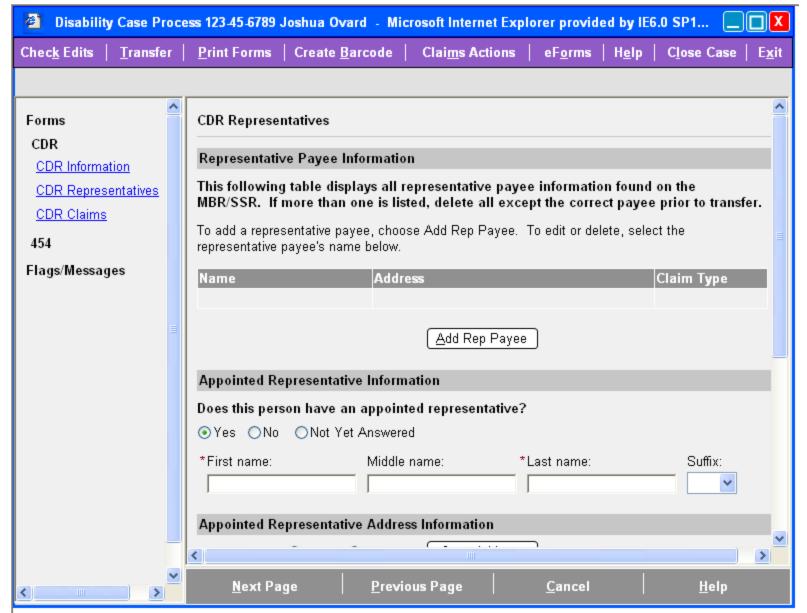
CDR Representatives

Appointed Representative = No



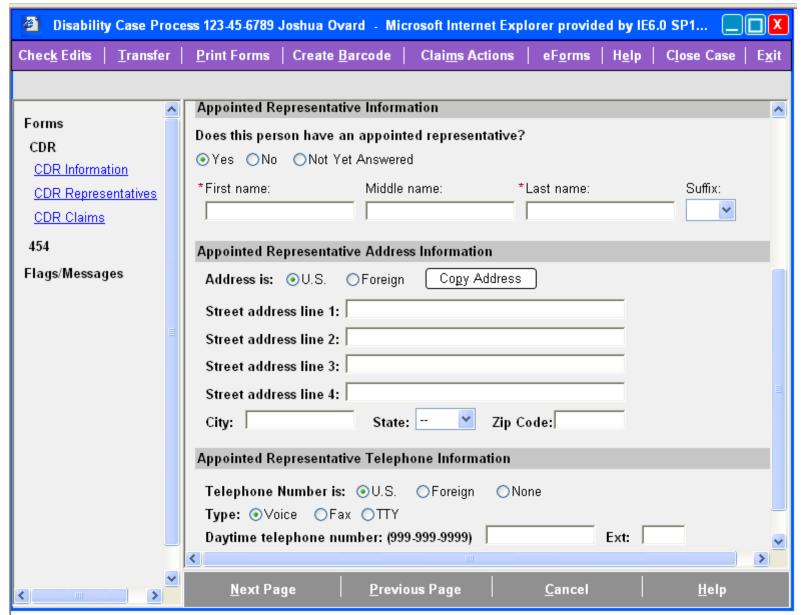
CDR Representatives, Part 1 of 2

Appointed Representative = Yes

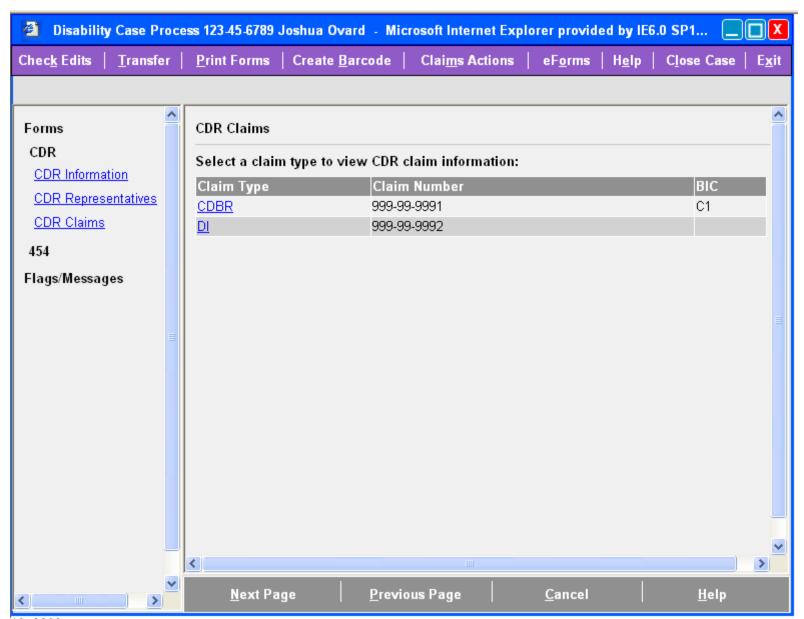


CDR Representatives, Part 2 of 2

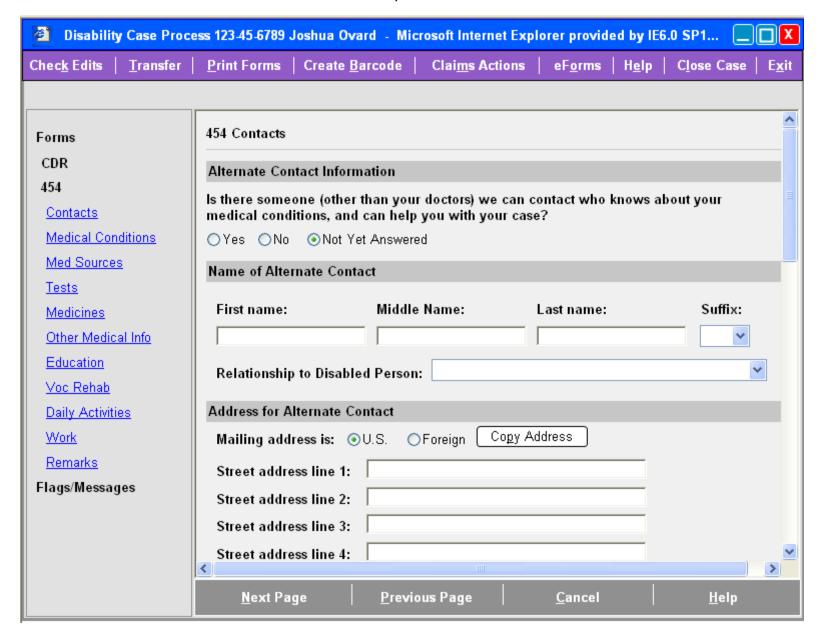
Appointed Representative = Yes



CDR Claims

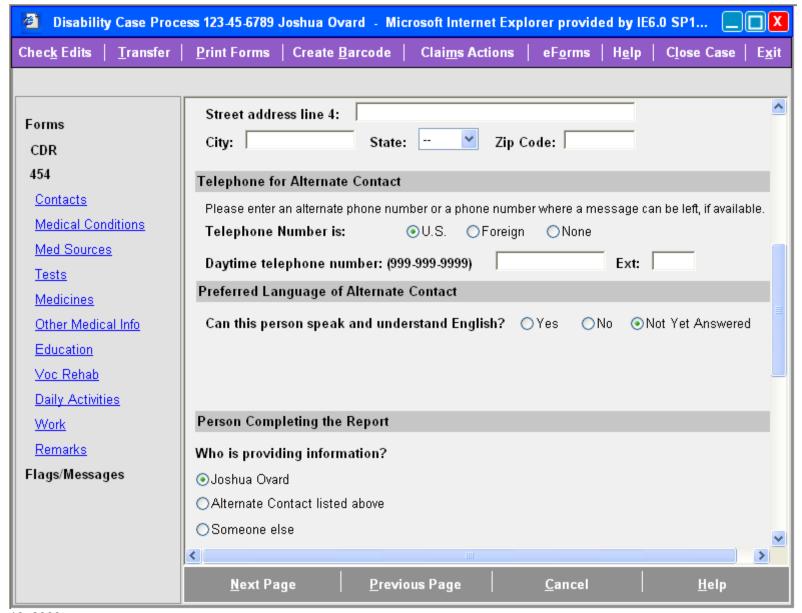


Contacts, Part 1 of 3



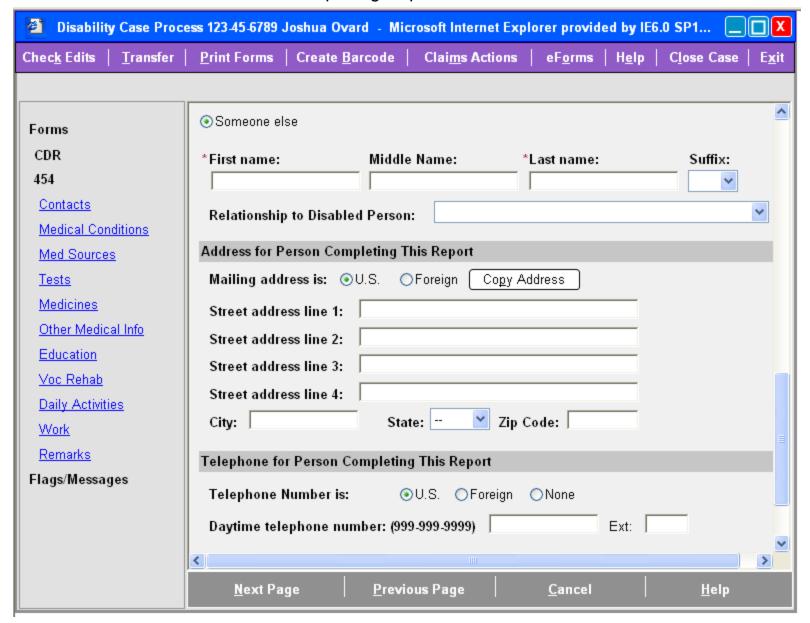
Contacts, Part 2 of 3

Person Completing Report = Claimant



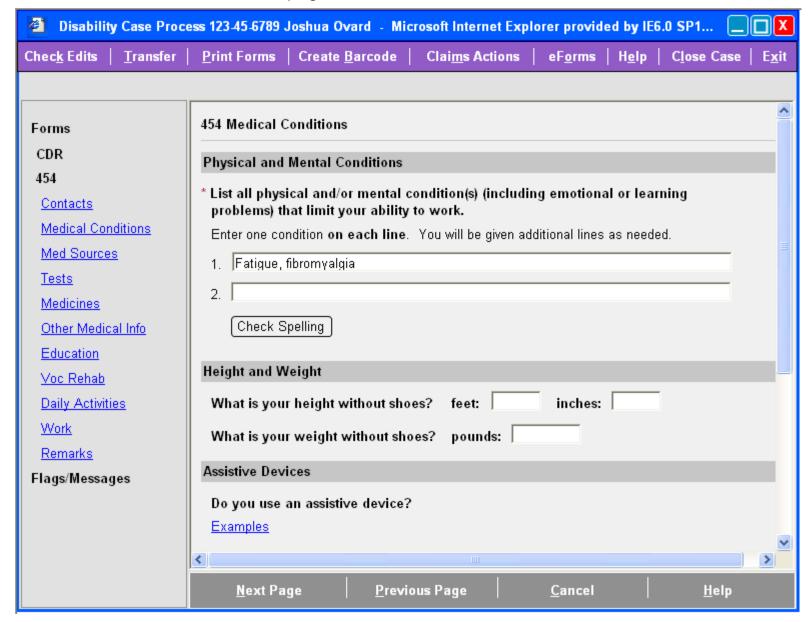
Contacts, Part 3 of 3

Person Completing Report = Someone Else



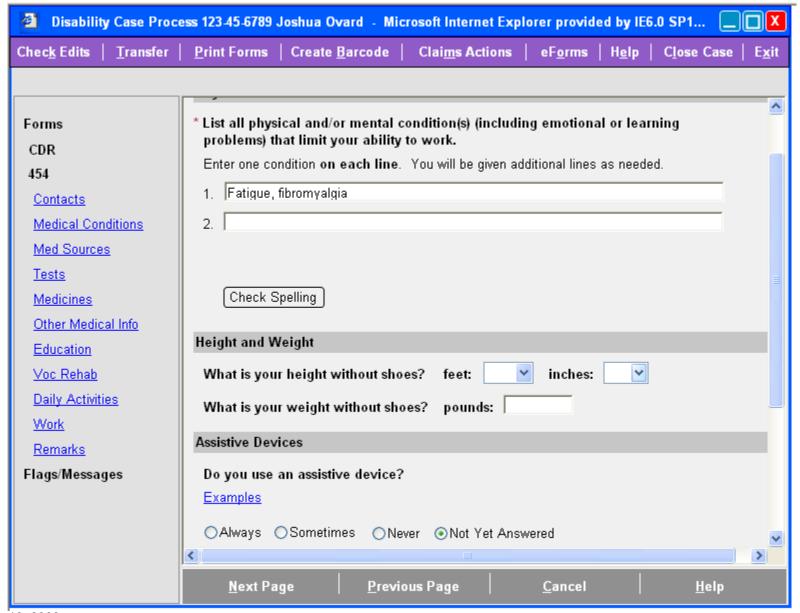
Medical Conditions, Part 1 of 2

Medical Conditions Propagated from mainframe, no new conditions entered



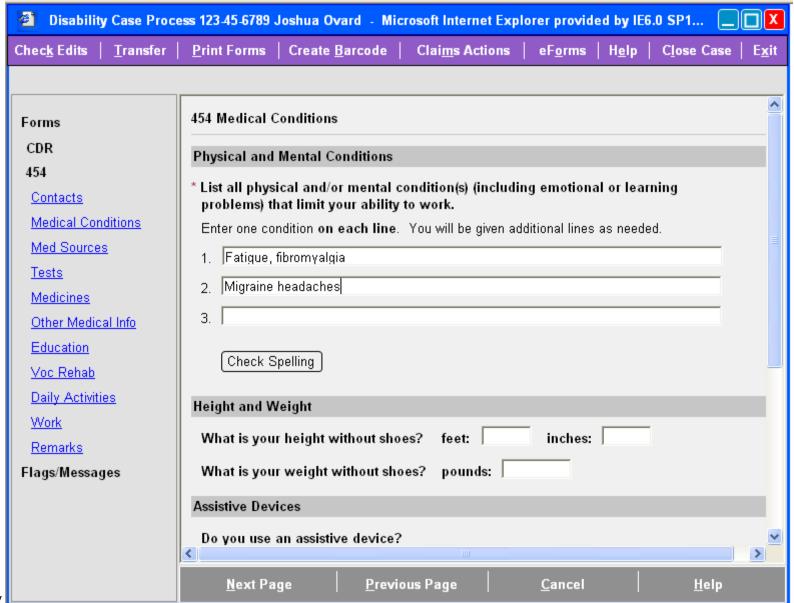
Medical Conditions, Part 2 of 2

Medical Conditions Propagated from mainframe, no new conditions entered



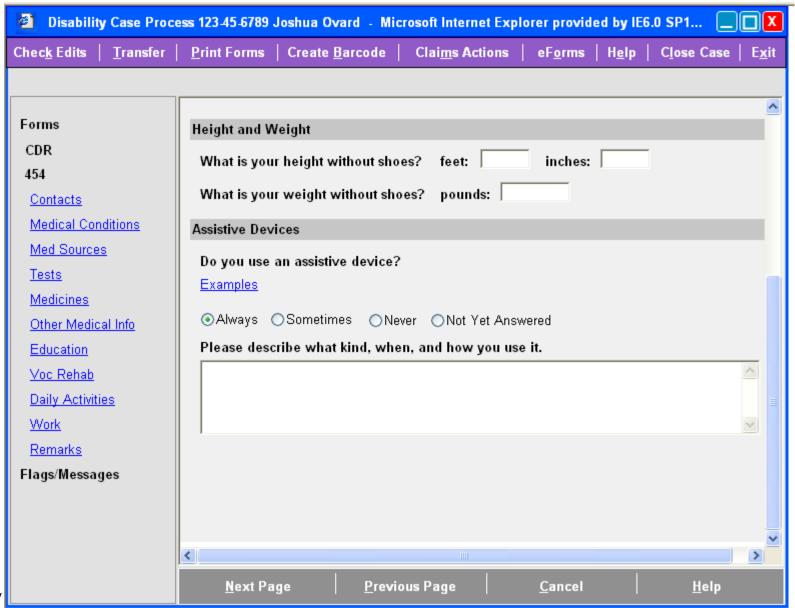
Medical Conditions, Part 1 of 2

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



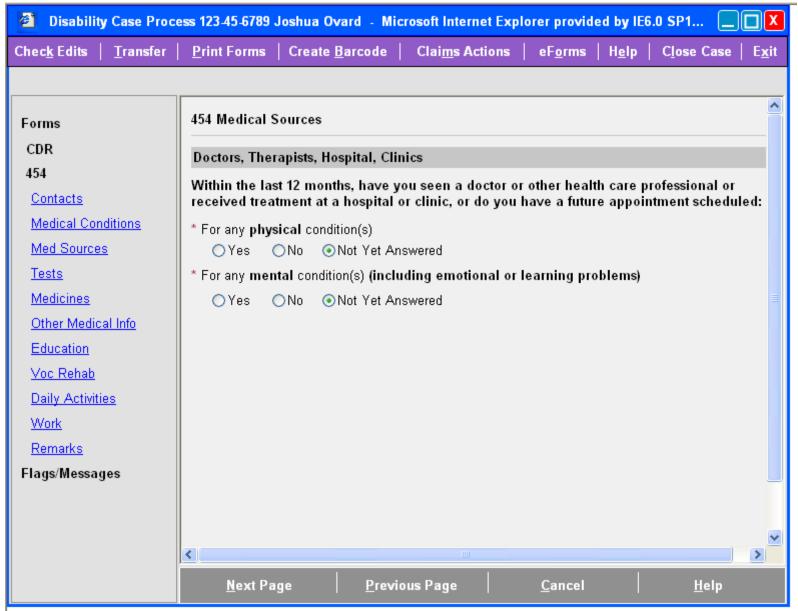
Medical Conditions, Part 2 of 2

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



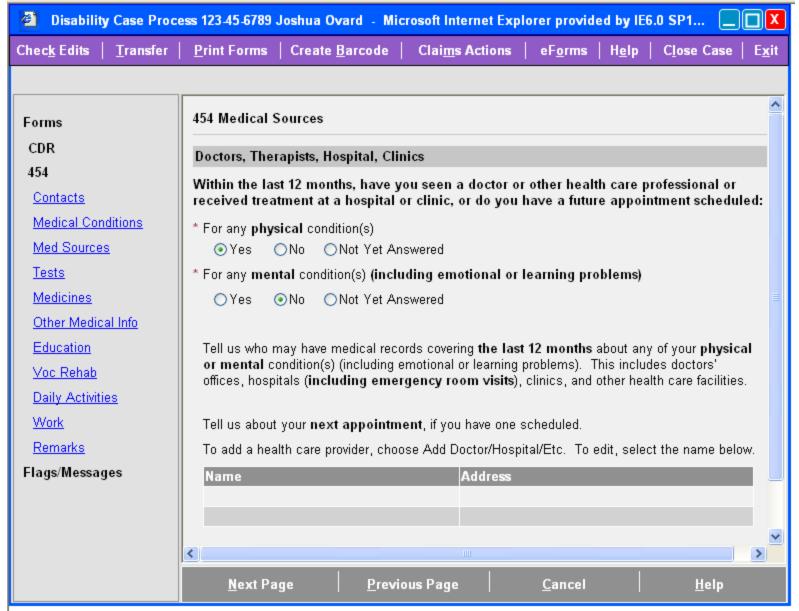
Medical Sources

Initial view

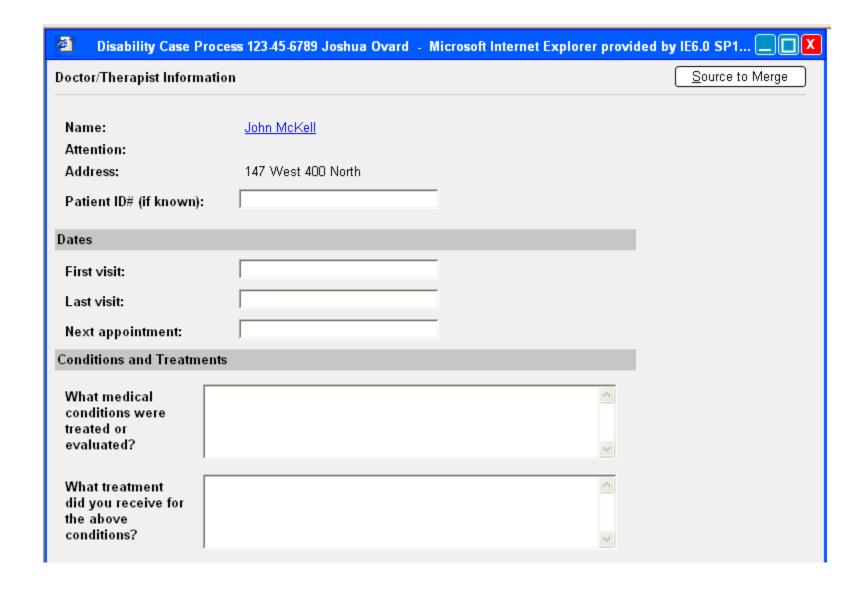


Medical Sources

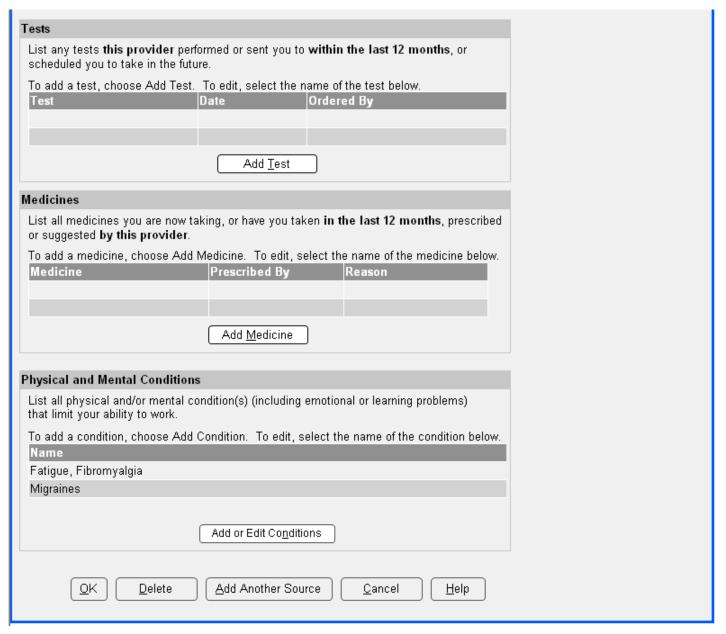
User has indicated claimant has medical sources, but has not entered any



Doctor/Therapist Information, Part 1 of 2

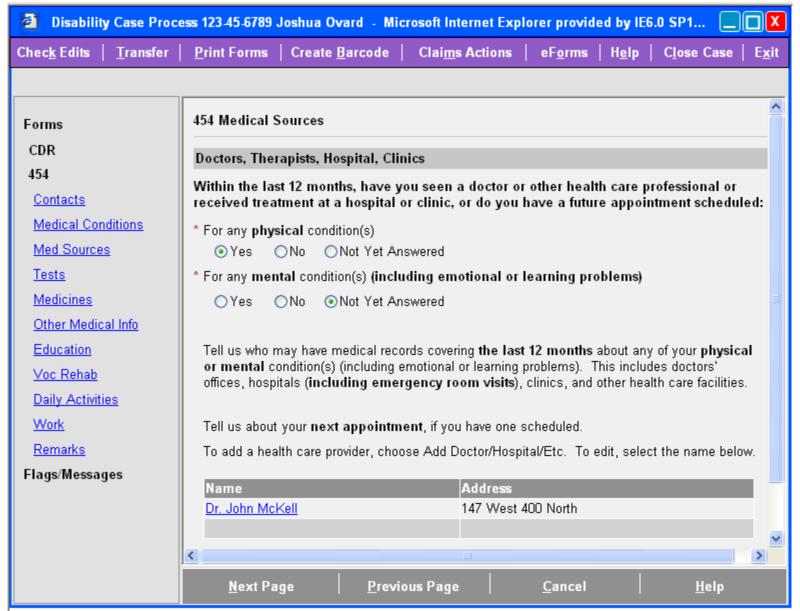


Doctor/Therapist Information, Part 2 of 2



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:			

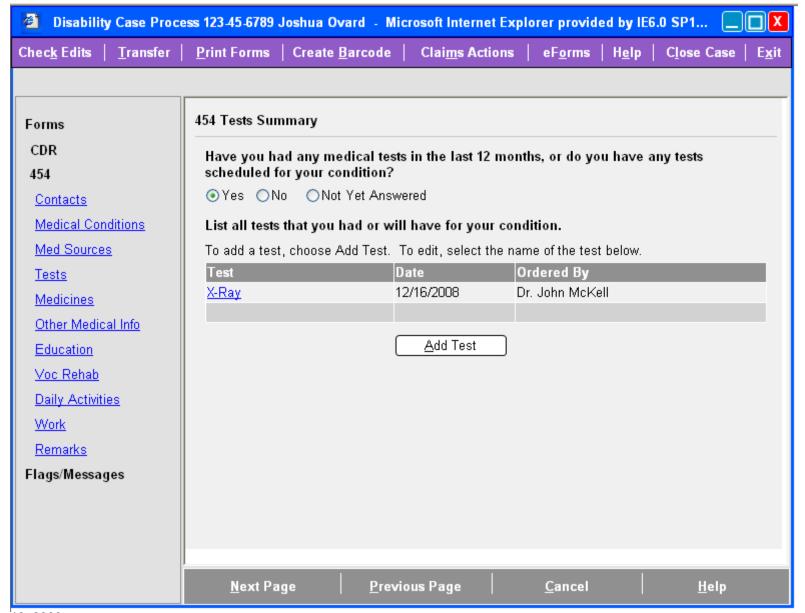
Add Hospital/Clinic, Part 2 of 3

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

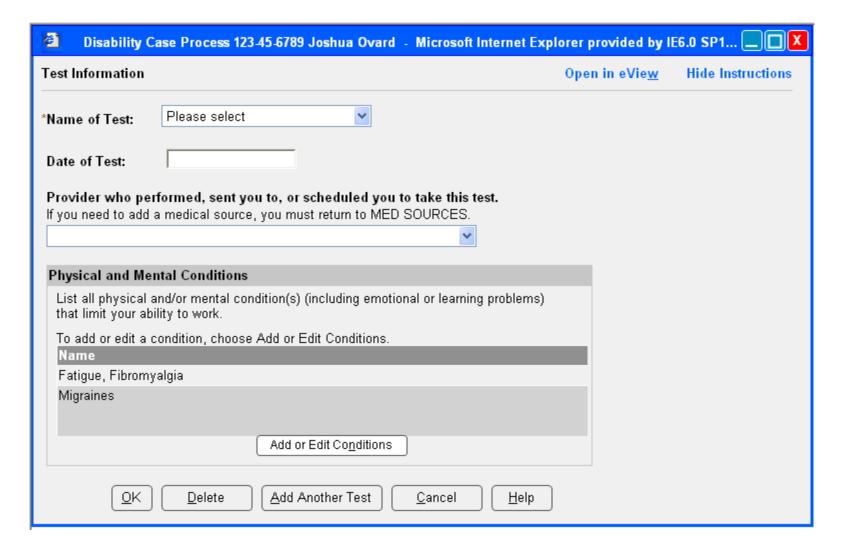
Medicines
List any prescription or non-prescription medicines you are now taking, or have you taken in the last 12 months, prescribed or suggested by this provider.
To add a medicine, choose Add Medicine. To edit, select the name of the medicine below. Medicine Prescribed By Reason
Add <u>M</u> edicine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



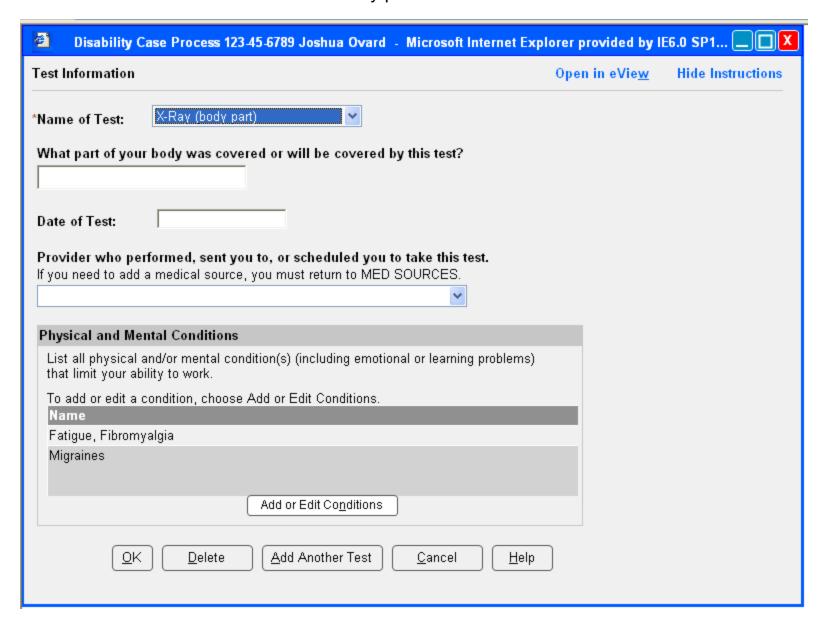
Test Information

No body part involved or other explanation needed

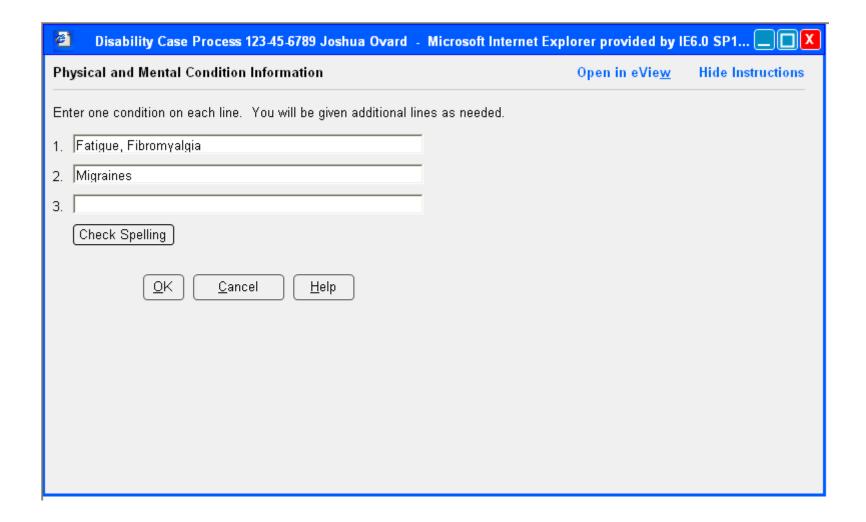


Test Information

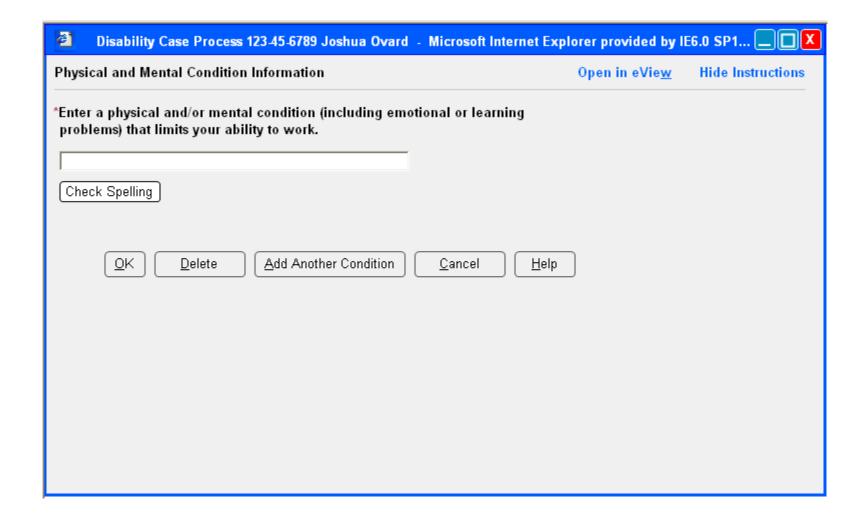
Body part involved



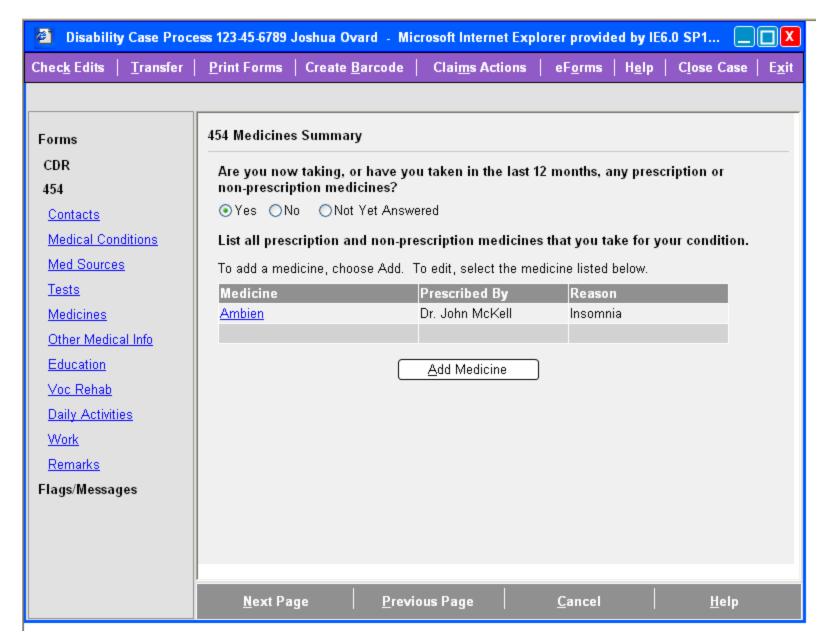
Physical and Mental Condition Information – Plan A Claimant adds physical or mental condition while adding test



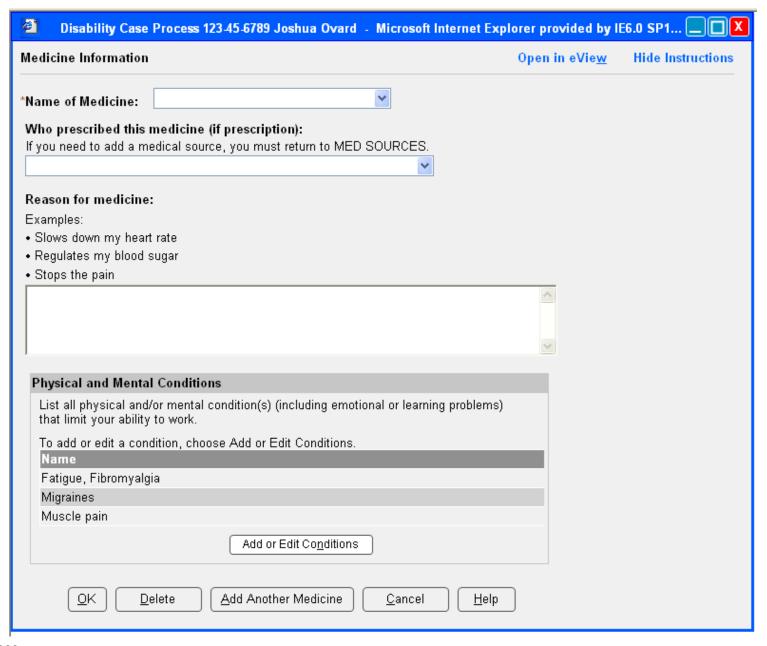
Physical and Mental Condition Information – Plan B Claimant adds physical or mental condition while adding test



Medicines Summary

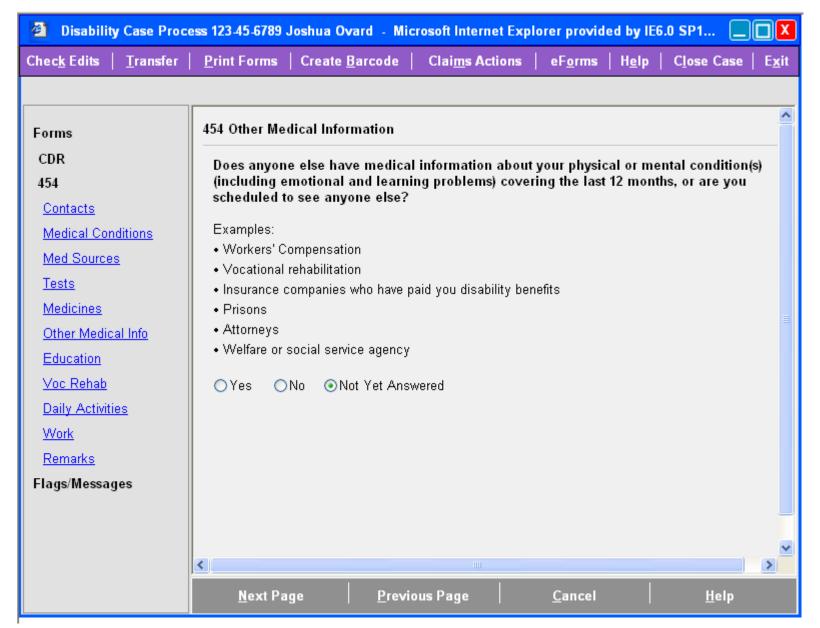


Medicine Information



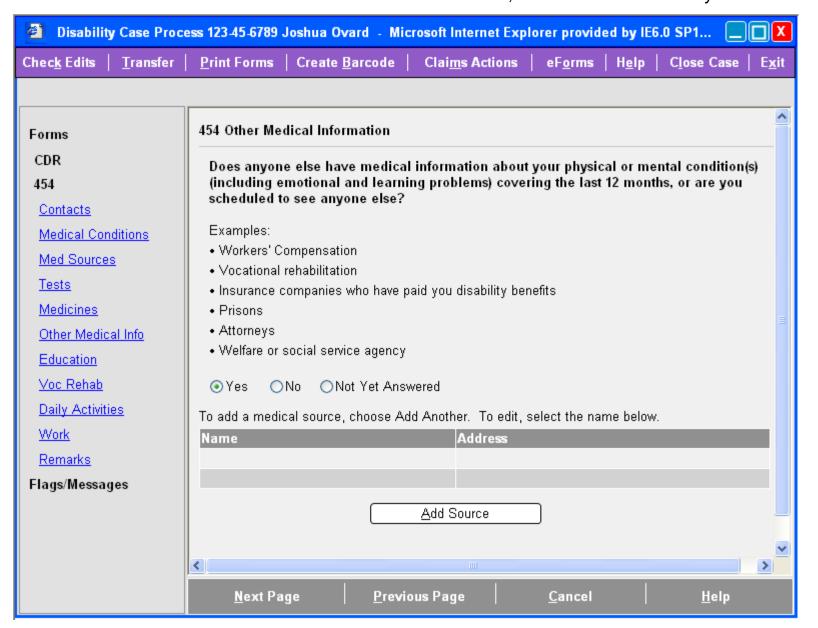
Other Medical Information

Initial View



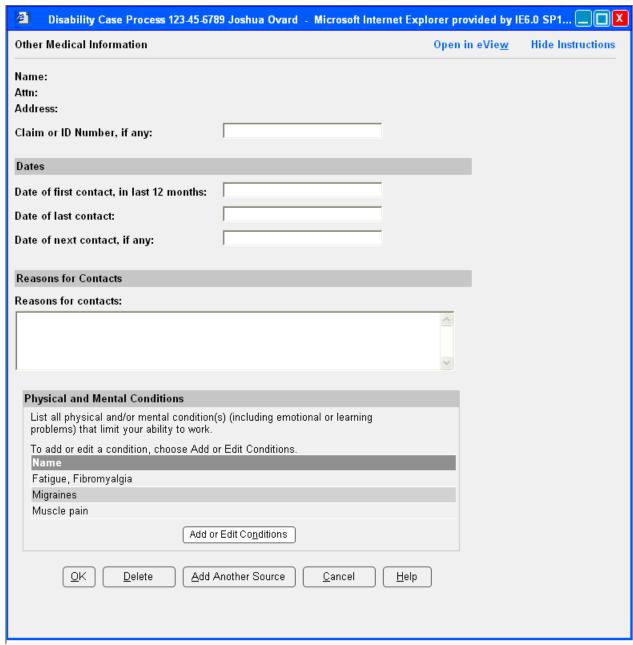
Other Medical Information

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



May 13, 2009

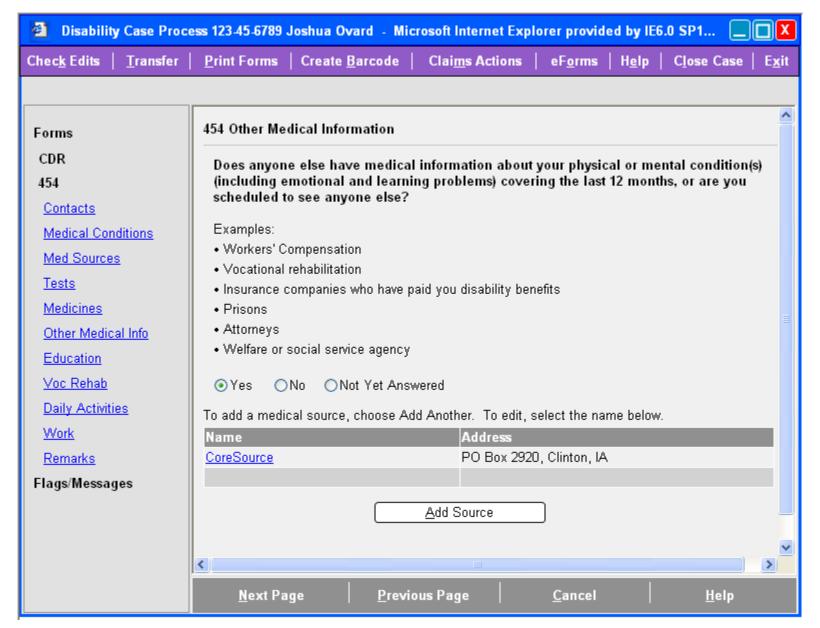
Other Medical Information



May 13, 2009

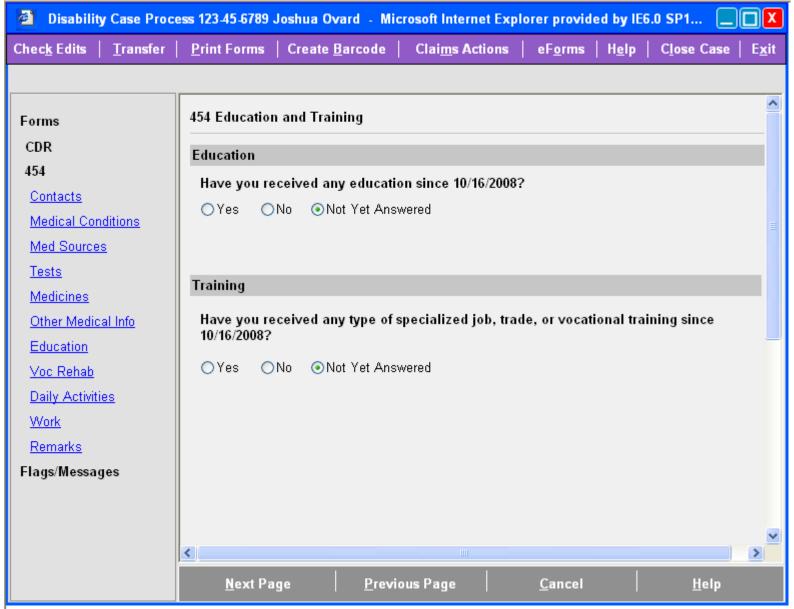
Other Medical Information

User has entered an other medical source



Education and Training

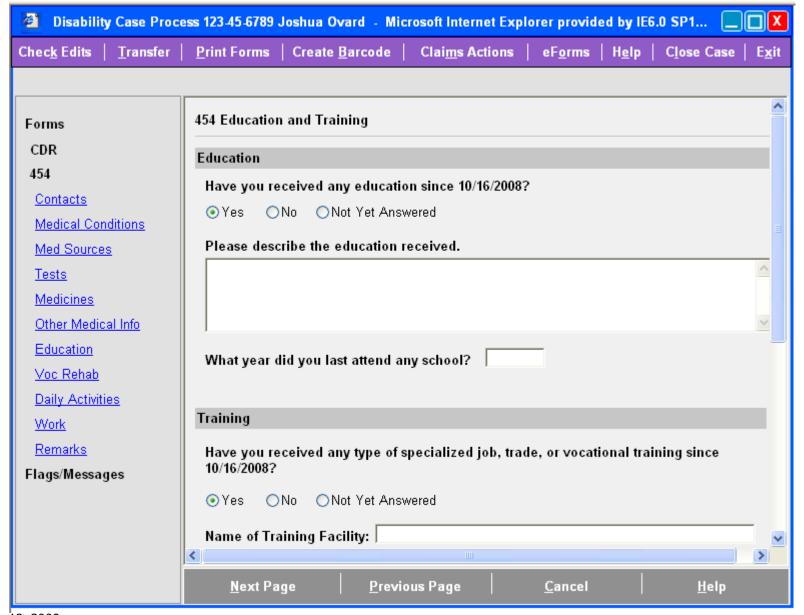
Initial View



May 13, ∠∪∪9

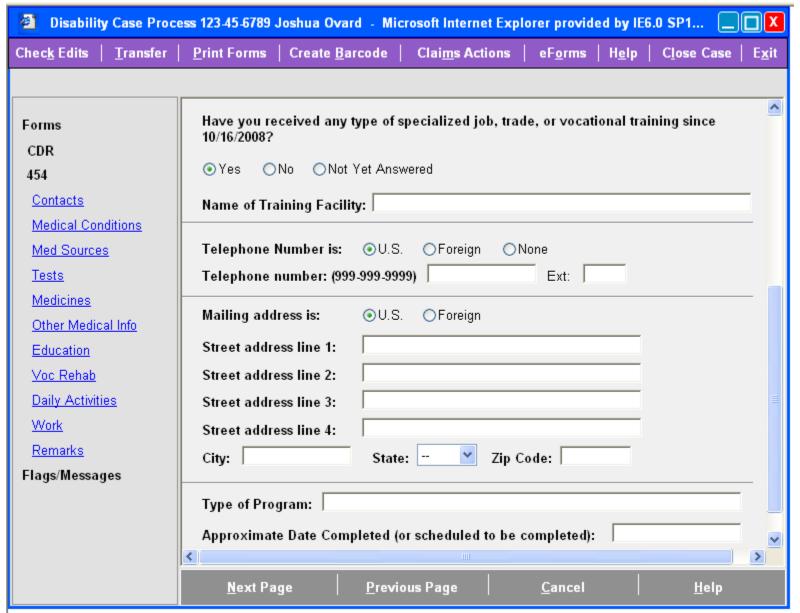
Education and Training, Part 1 of 2

User has indicated claimant received education and training



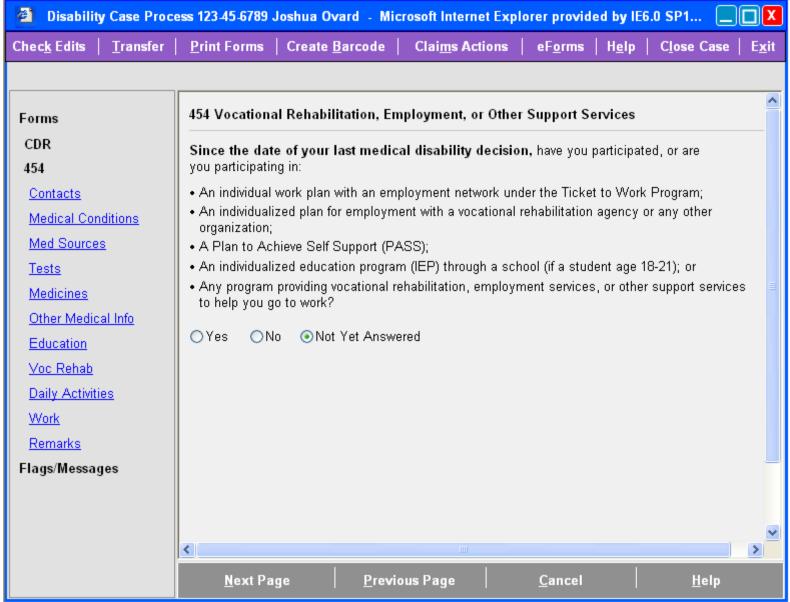
Education and Training, Part 2 of 2

User has indicated claimant received training



May ¹₁ʒ, ∠υυッ 42

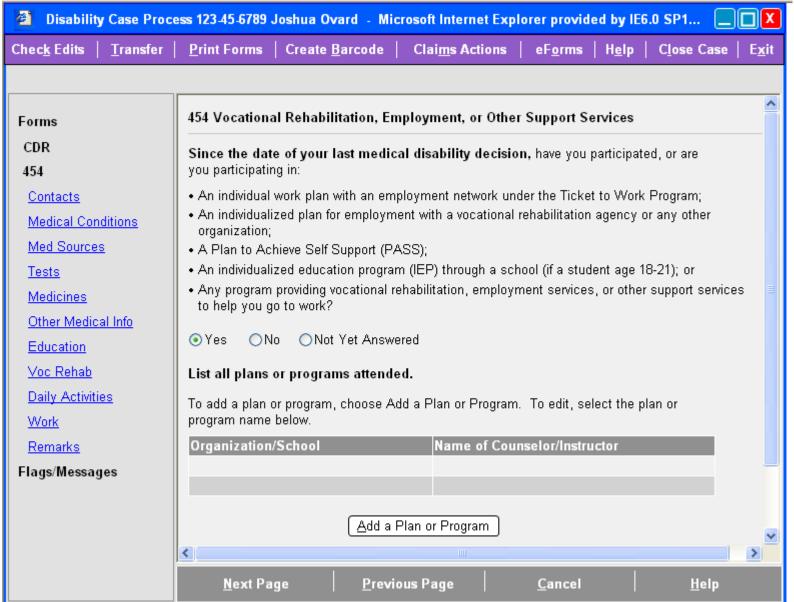
Vocational Rehabilitation, Employment, or Other Support Services Initial View



May 13, ∠∪∪y 43

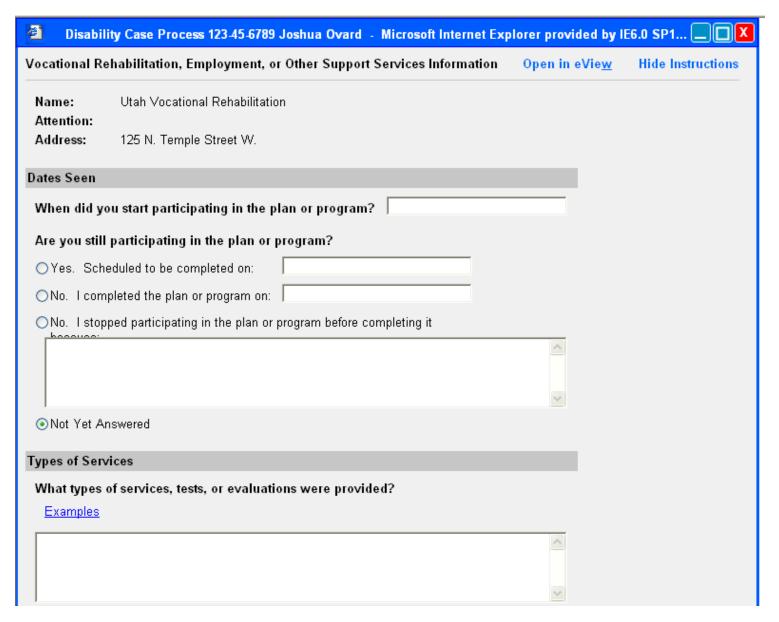
Vocational Rehabilitation

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

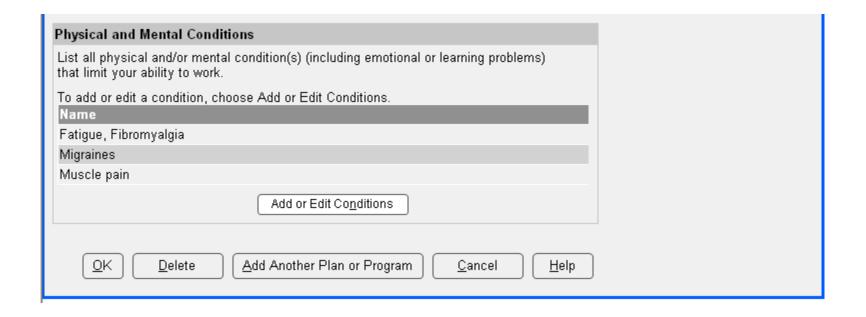


May 1..., ____

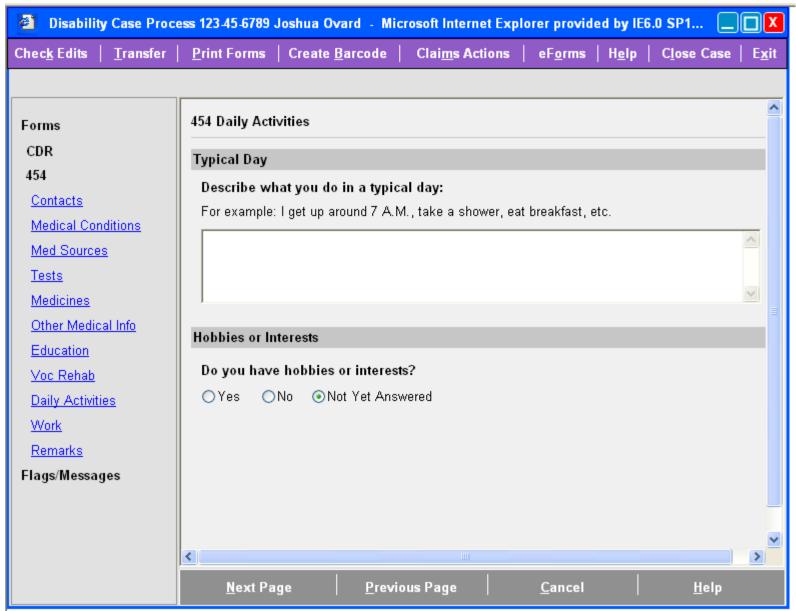
Vocational Rehabilitation, Employment, or Other Support Services Information, Part 1 of 2



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



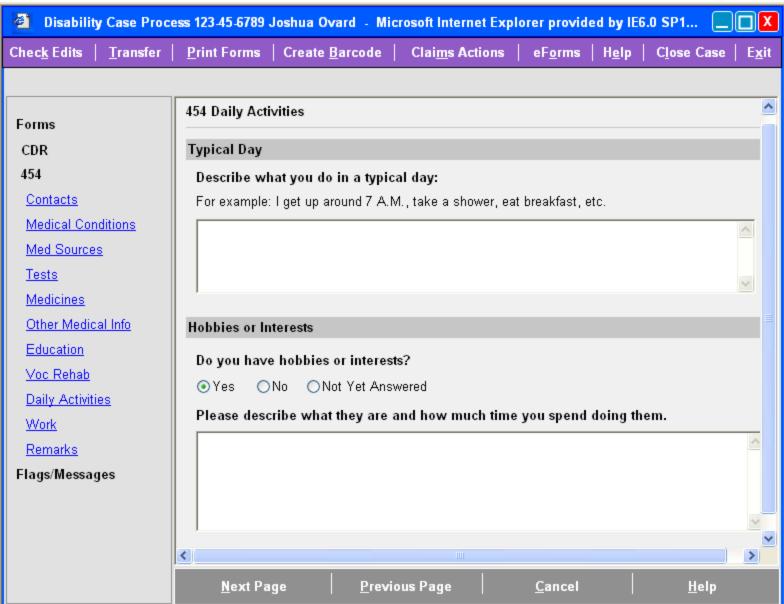
Daily Activities Initial View



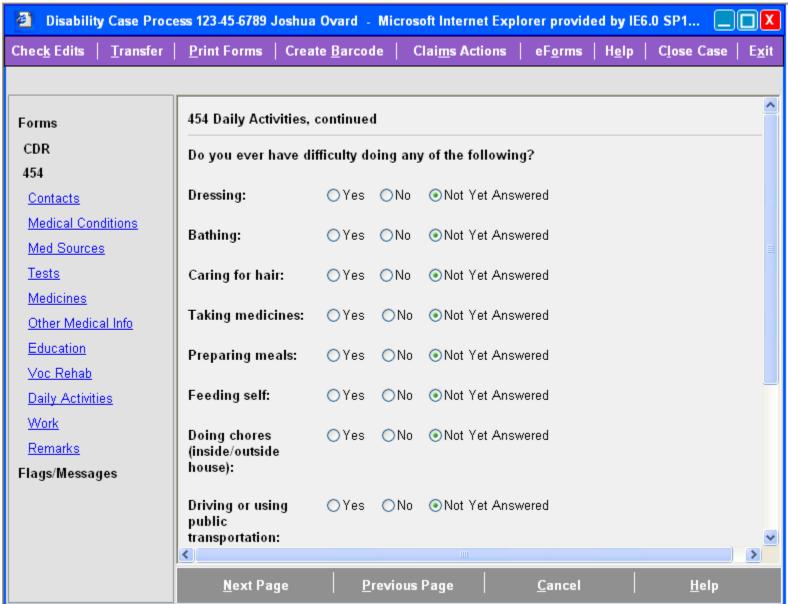
May 1, 2, 2009

Daily Activities

User has indicated claimant has hobbies or interests

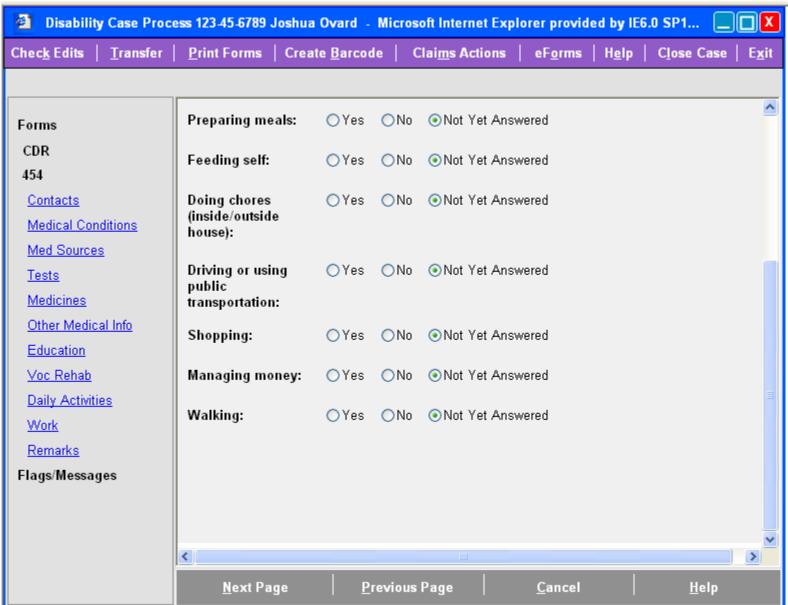


Daily Activities, continued, Part 1 of 2 Initial View



May 1.5, 2000

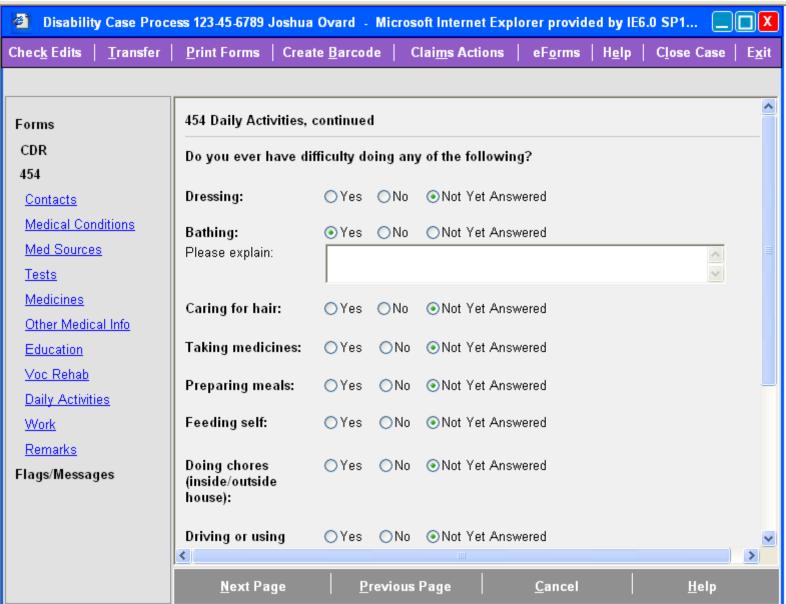
Daily Activities, continued, Part 2 of 2 Initial View



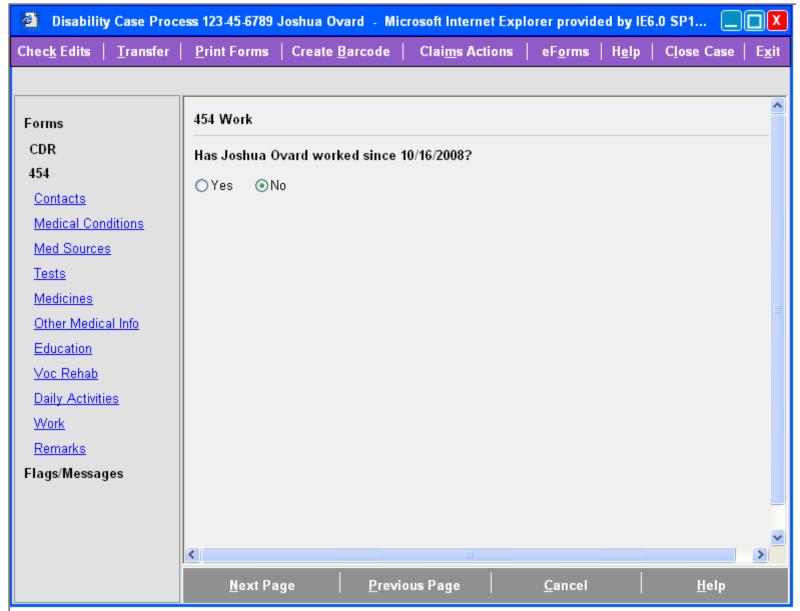
May 1.0, 2000

Daily Activities, continued

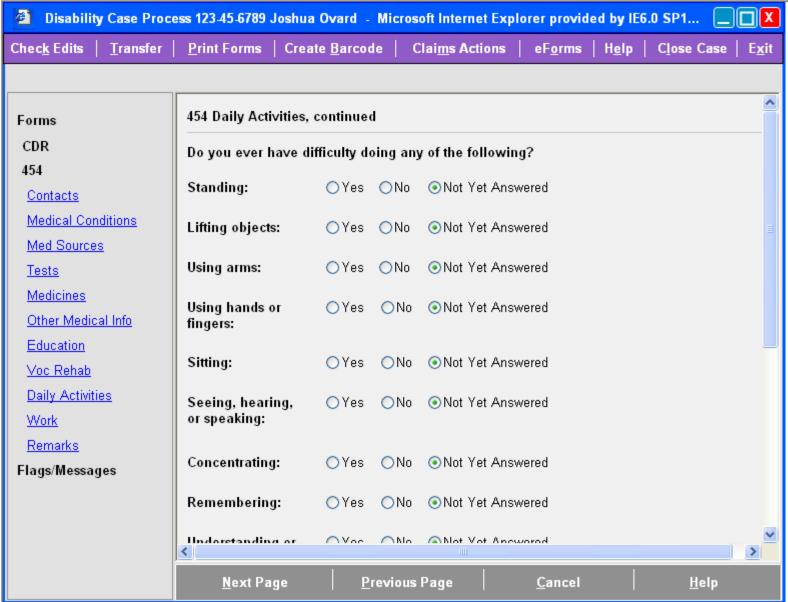
User has indicated claimant has difficulty bathing



Work

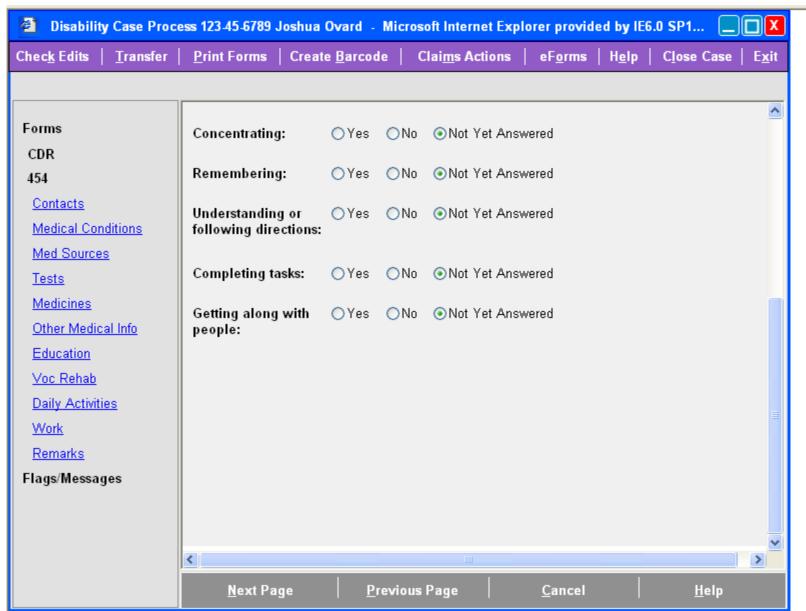


Daily Activities, cont 2, Part 1 of 2 Initial View



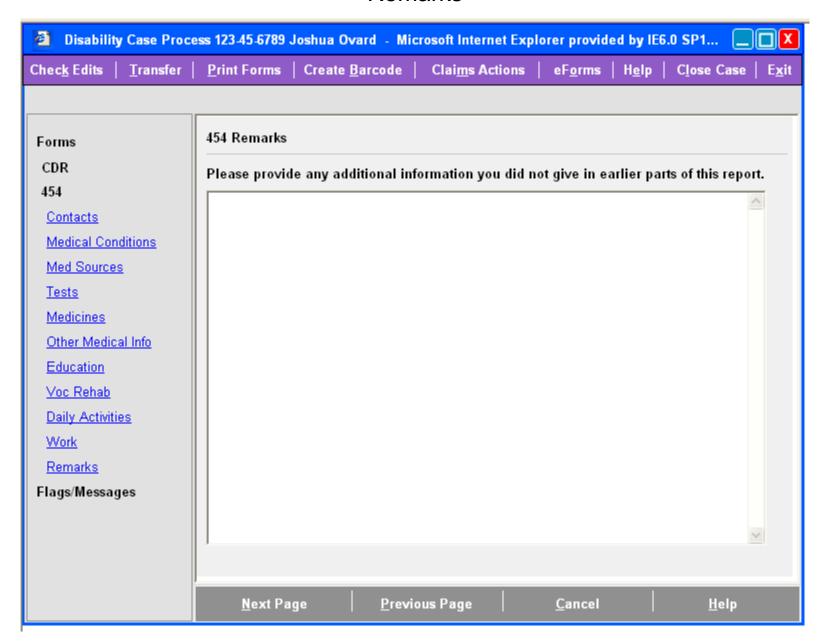
May 1, 111 53

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



May 10, 2000

Remarks



SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 223(d), and 1631(e)(1) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to make a decision on the named claimant's claim. Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent an accurate or timely decision on the named claimant's claim.

We rarely use the information you supply for any purpose other than to make a decision on the named claimant's claim. However, we may use the information for the administration of our programs including sharing information:

- 1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
- 2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs. (e.g., to the Bureau of Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices entitled, Supplemental Security Income Record and Special Veterans Benefits (60-0103), Claims Folders System (60-0089), Master Beneficiary Record (60-0090), and Electronic Disability Claim File (60-0320). Additional information about this and other system of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. Send <u>only</u> comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-0001.