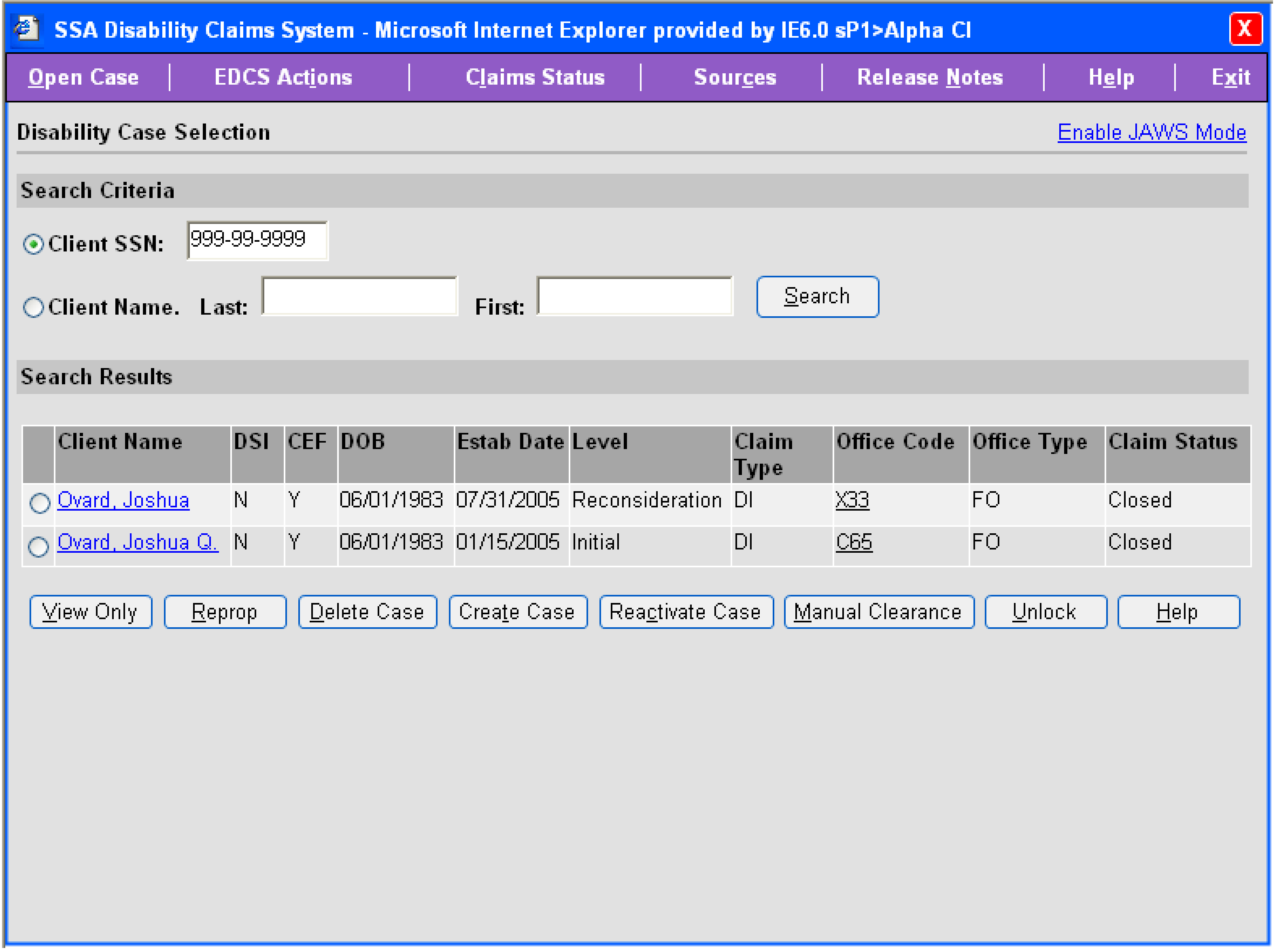
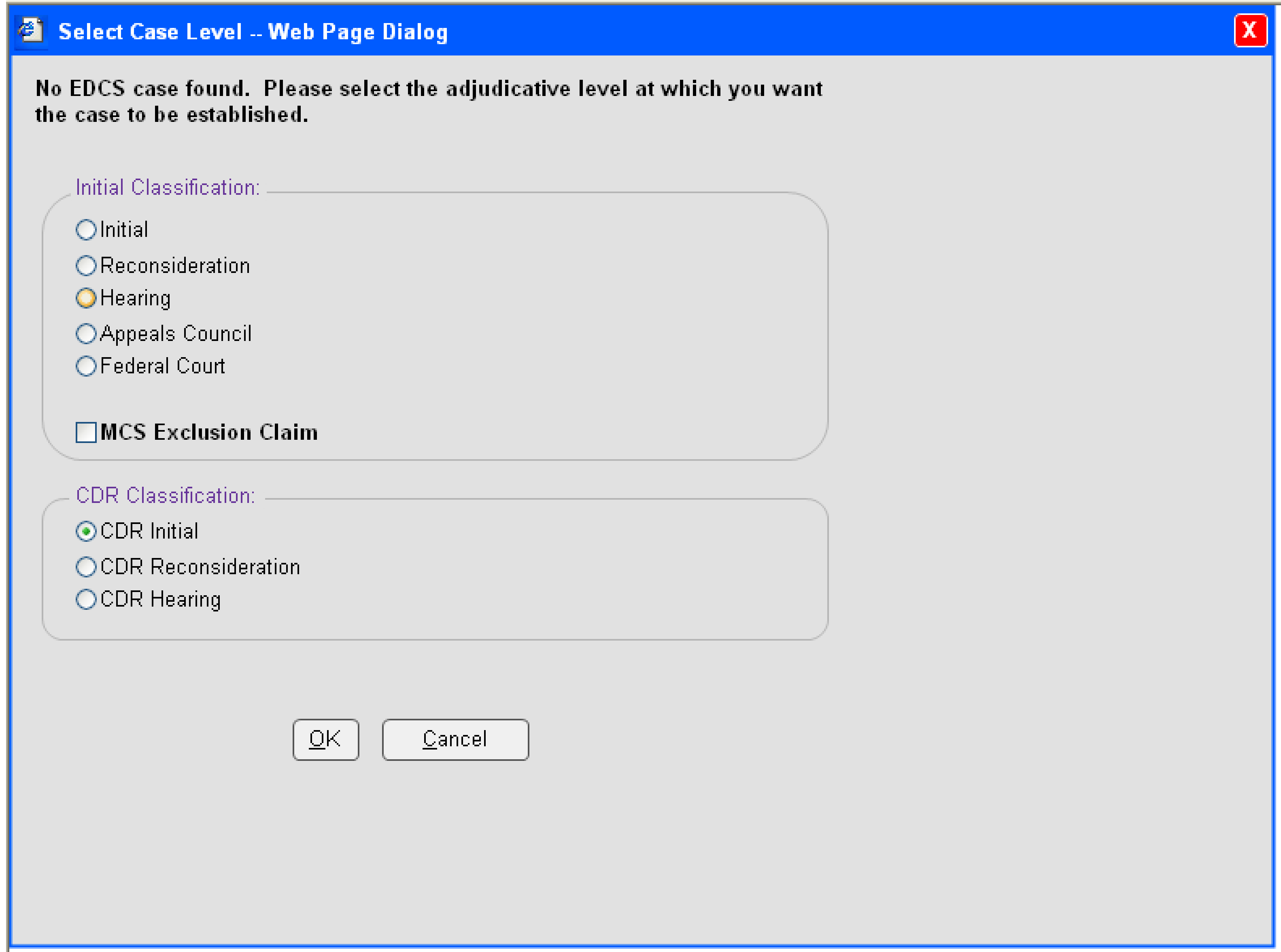
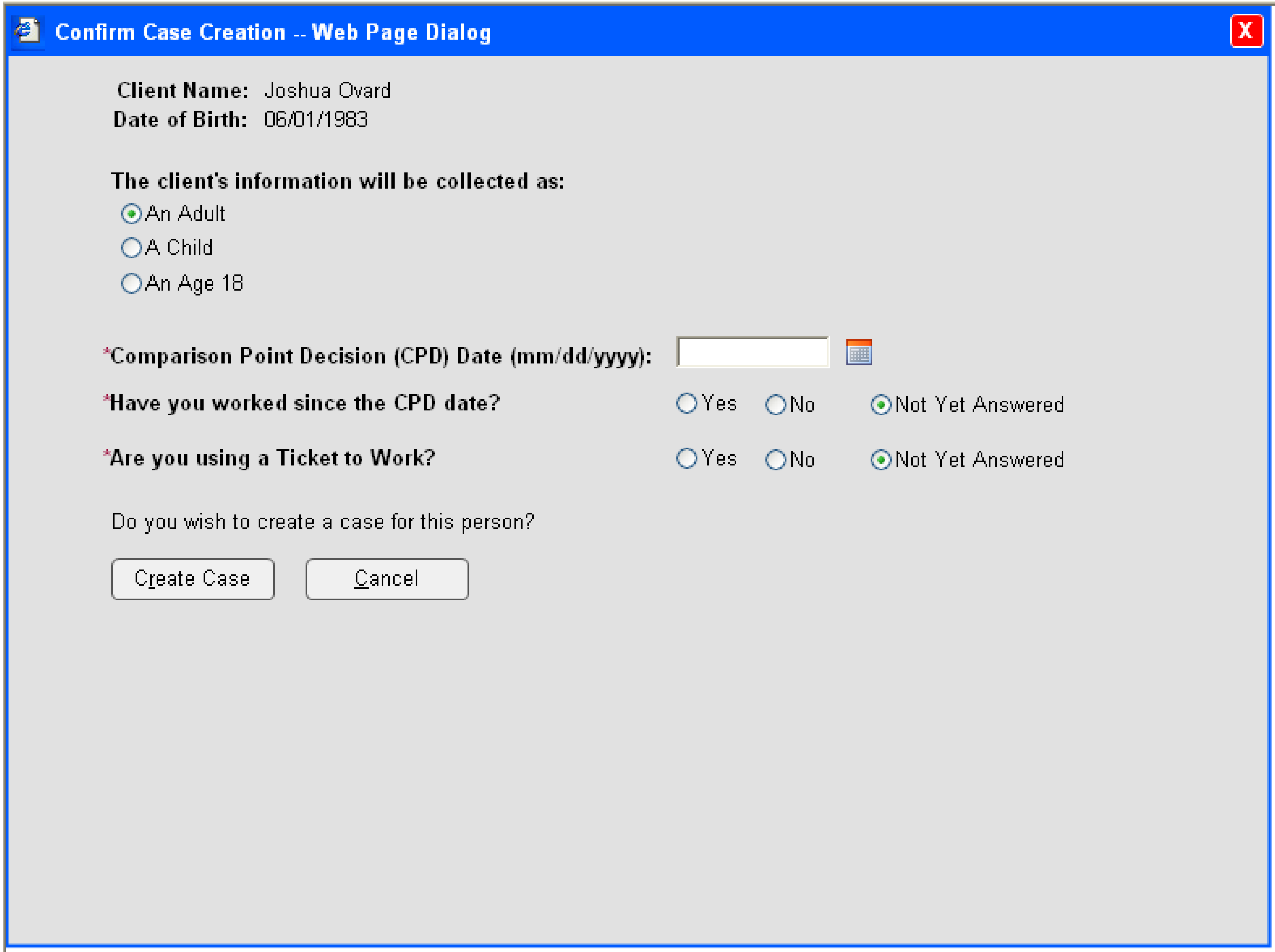
Disability Case Selection



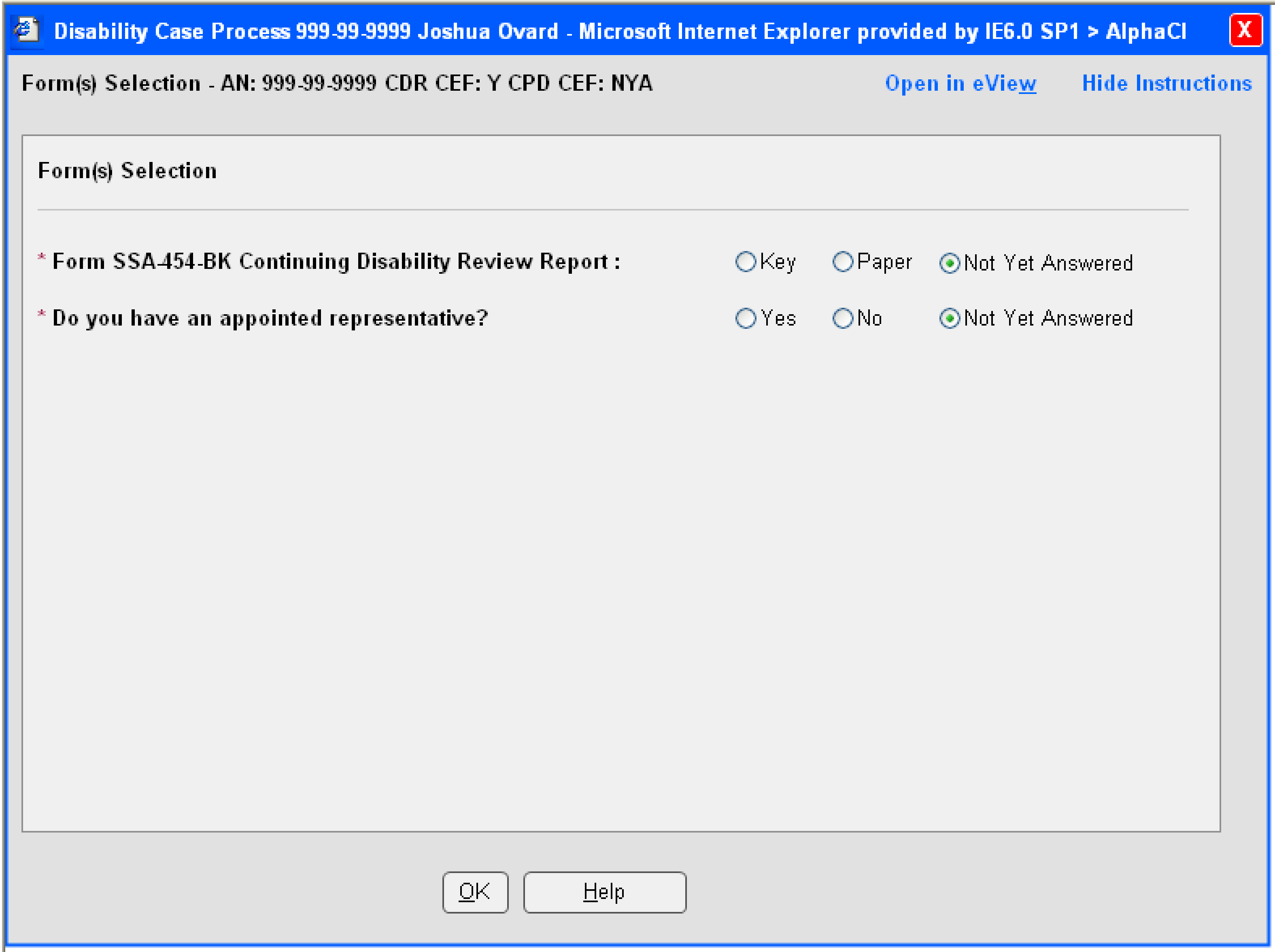
Select Case Level



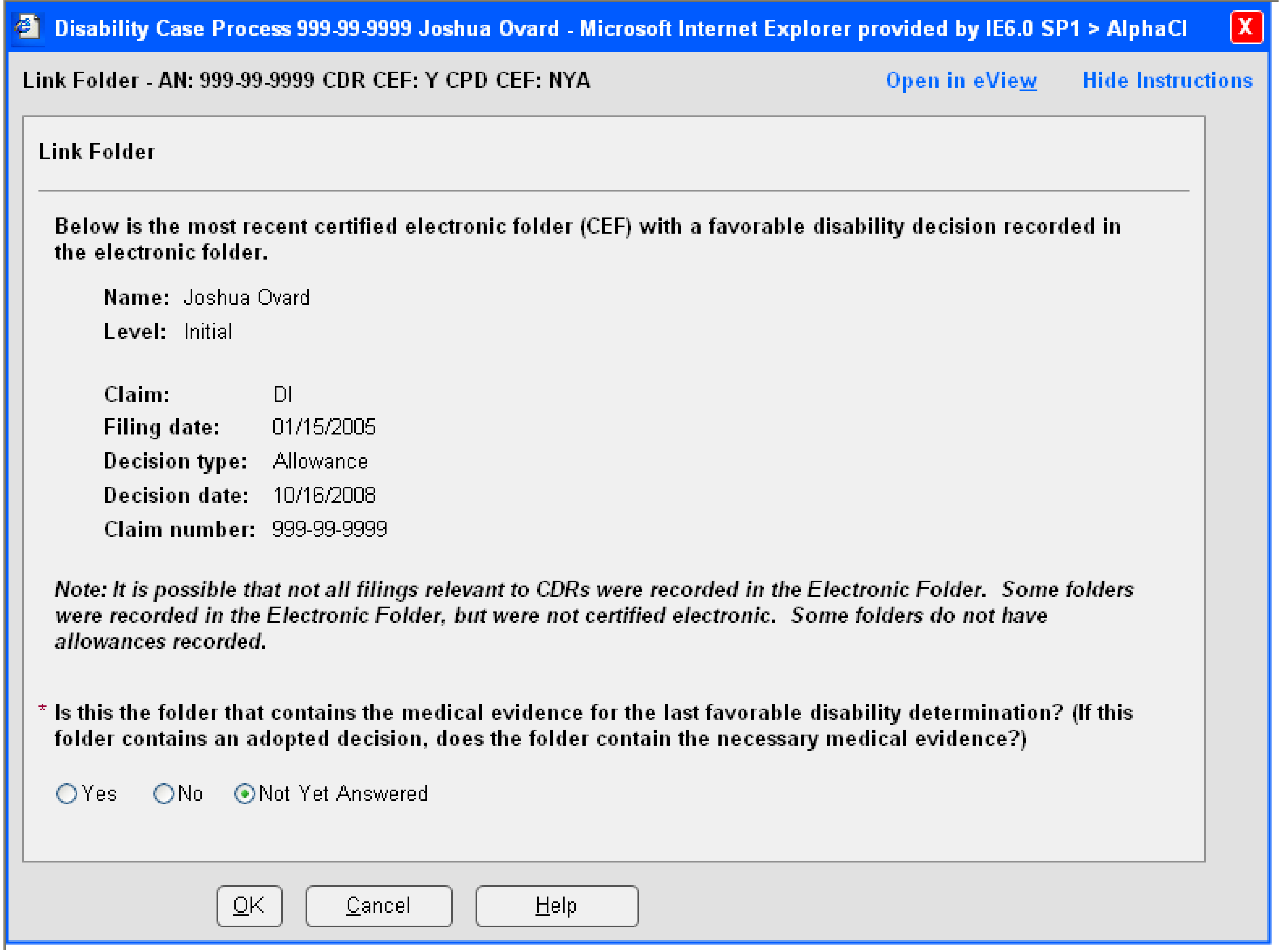
Confirm Case Creation



Form Selection

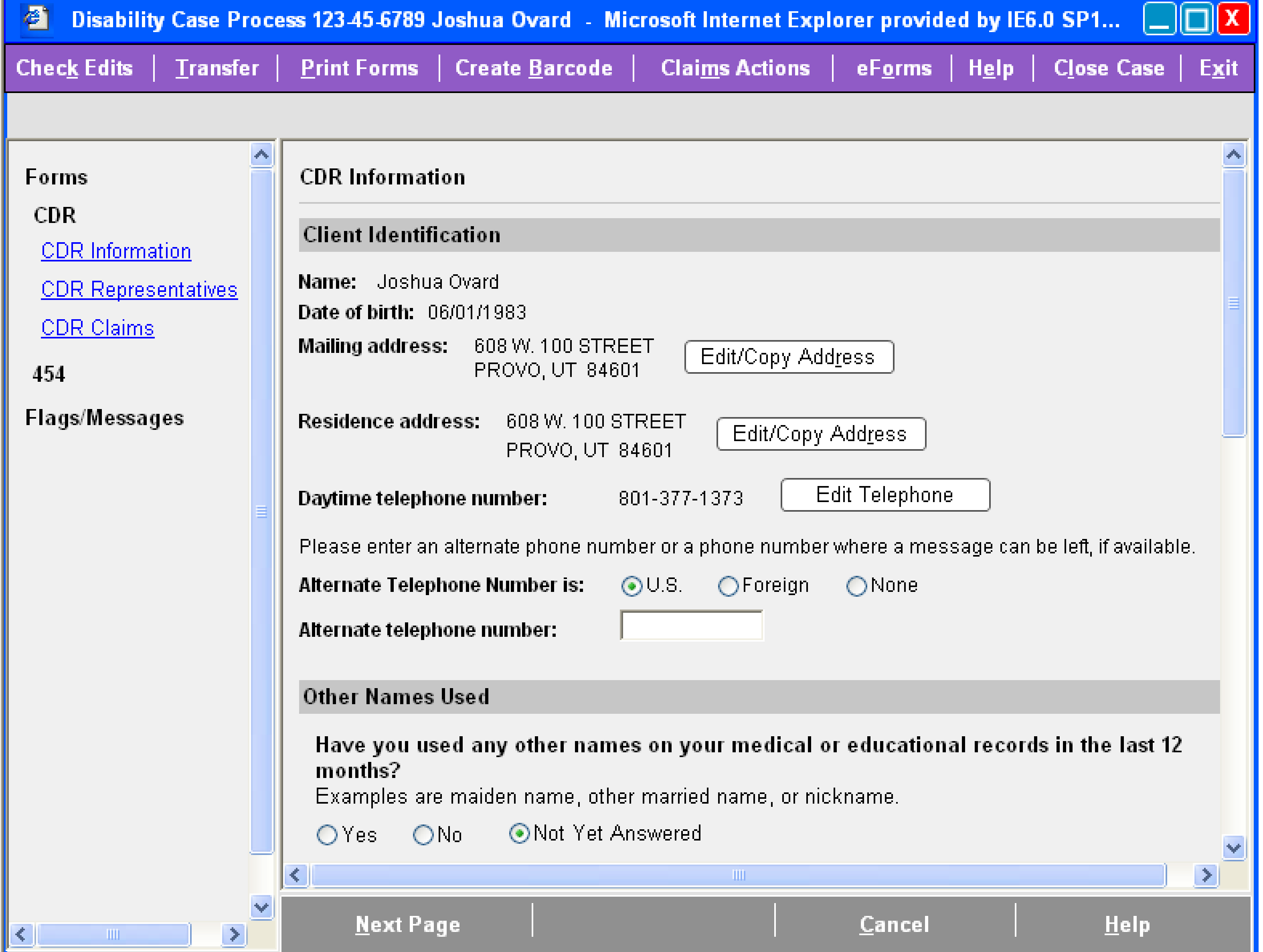


Link Folder



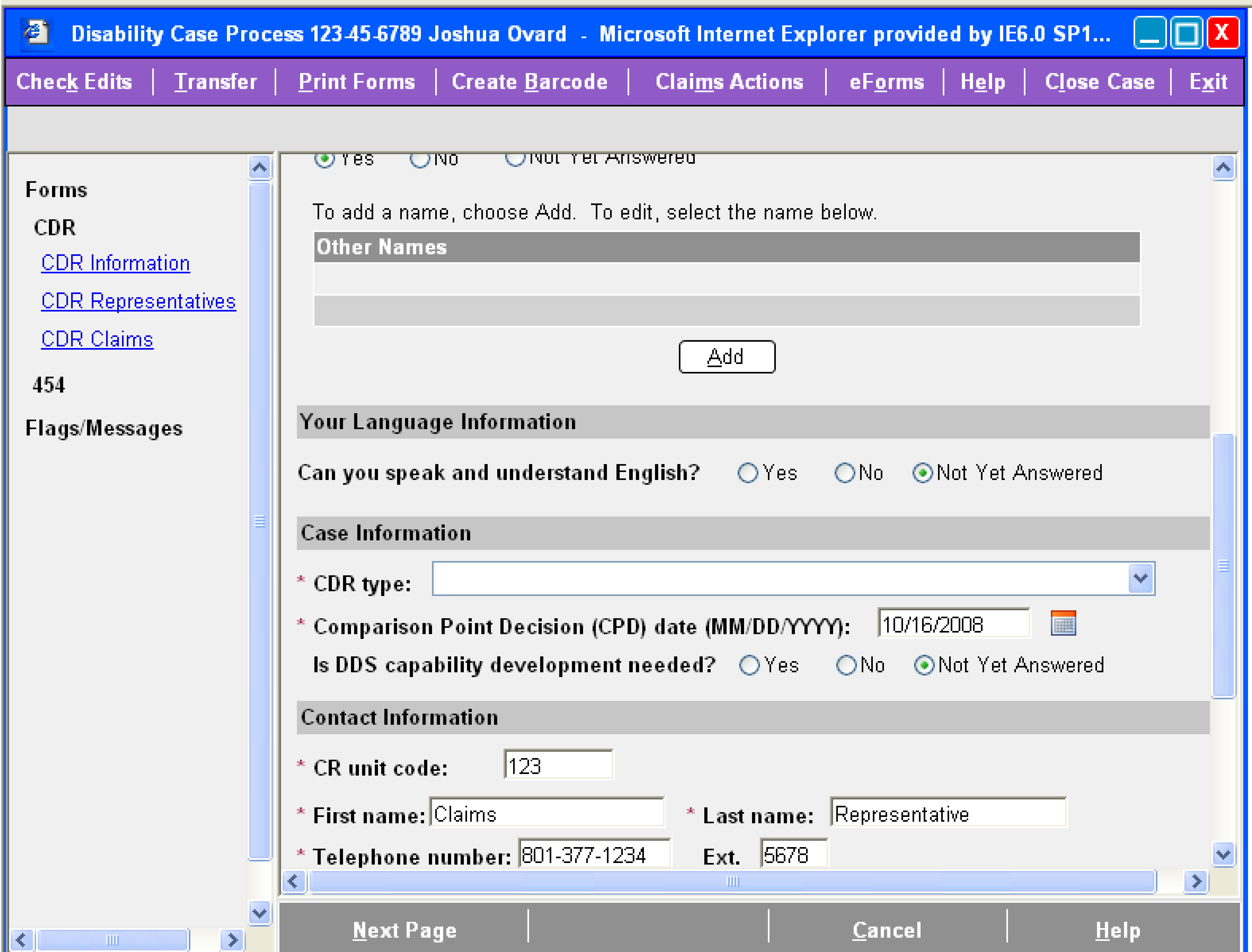
CDR Information, Part 1 of 2

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

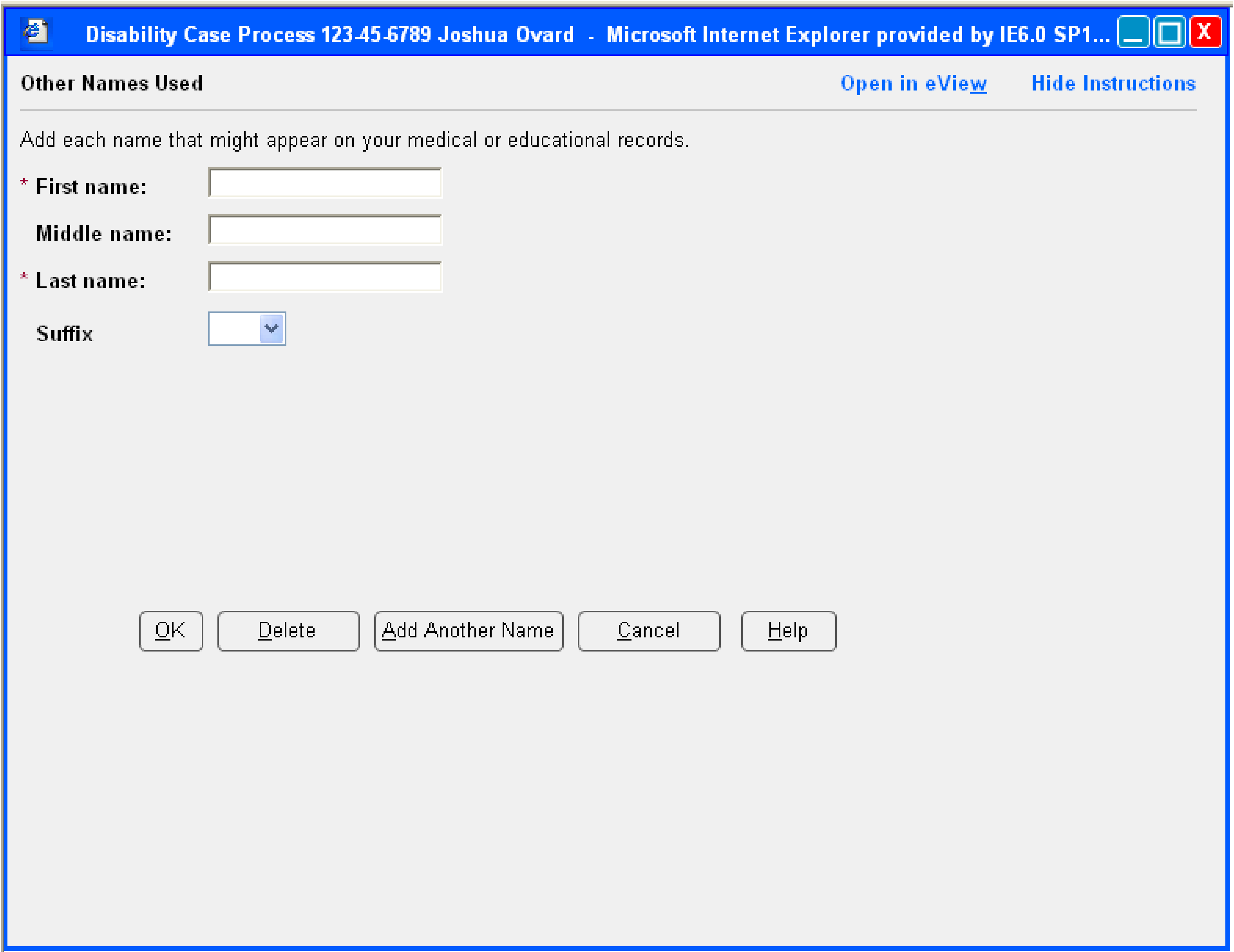


CDR Information, Part 2 of 2

Other Names = Yes, but no other names entered

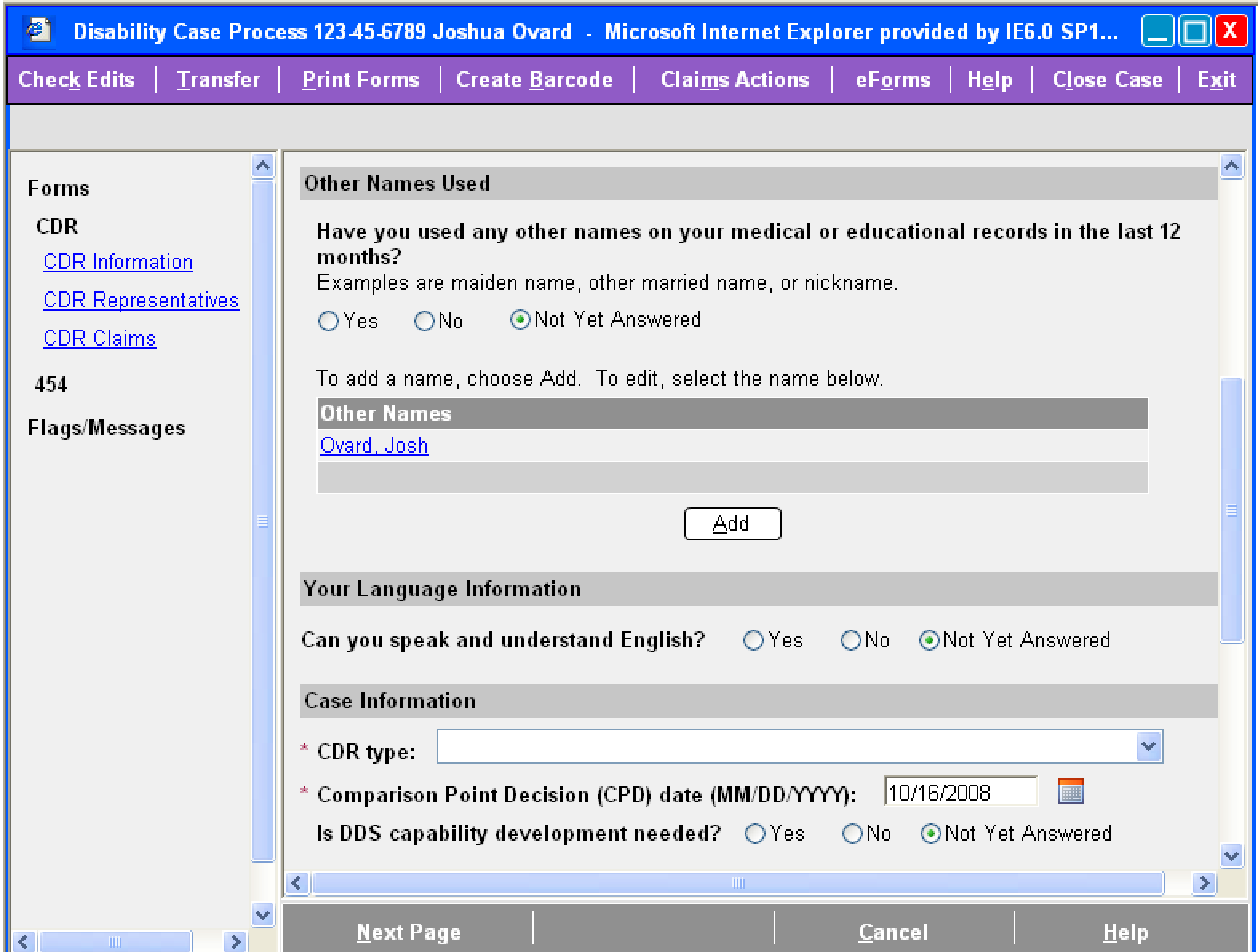


Other Names Used



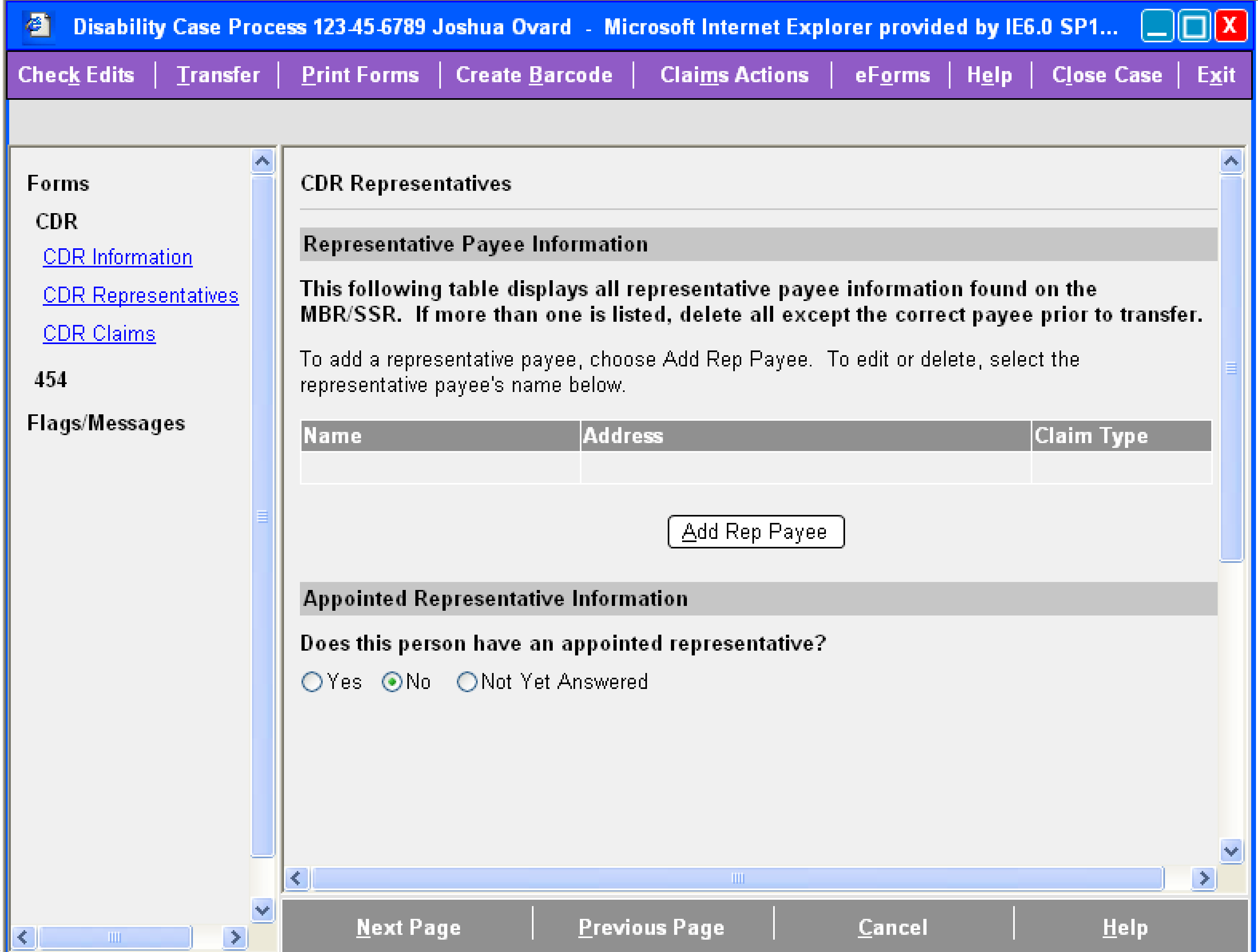
CDR Information, Part 2 of 2

Other Names = Yes, with another name entered



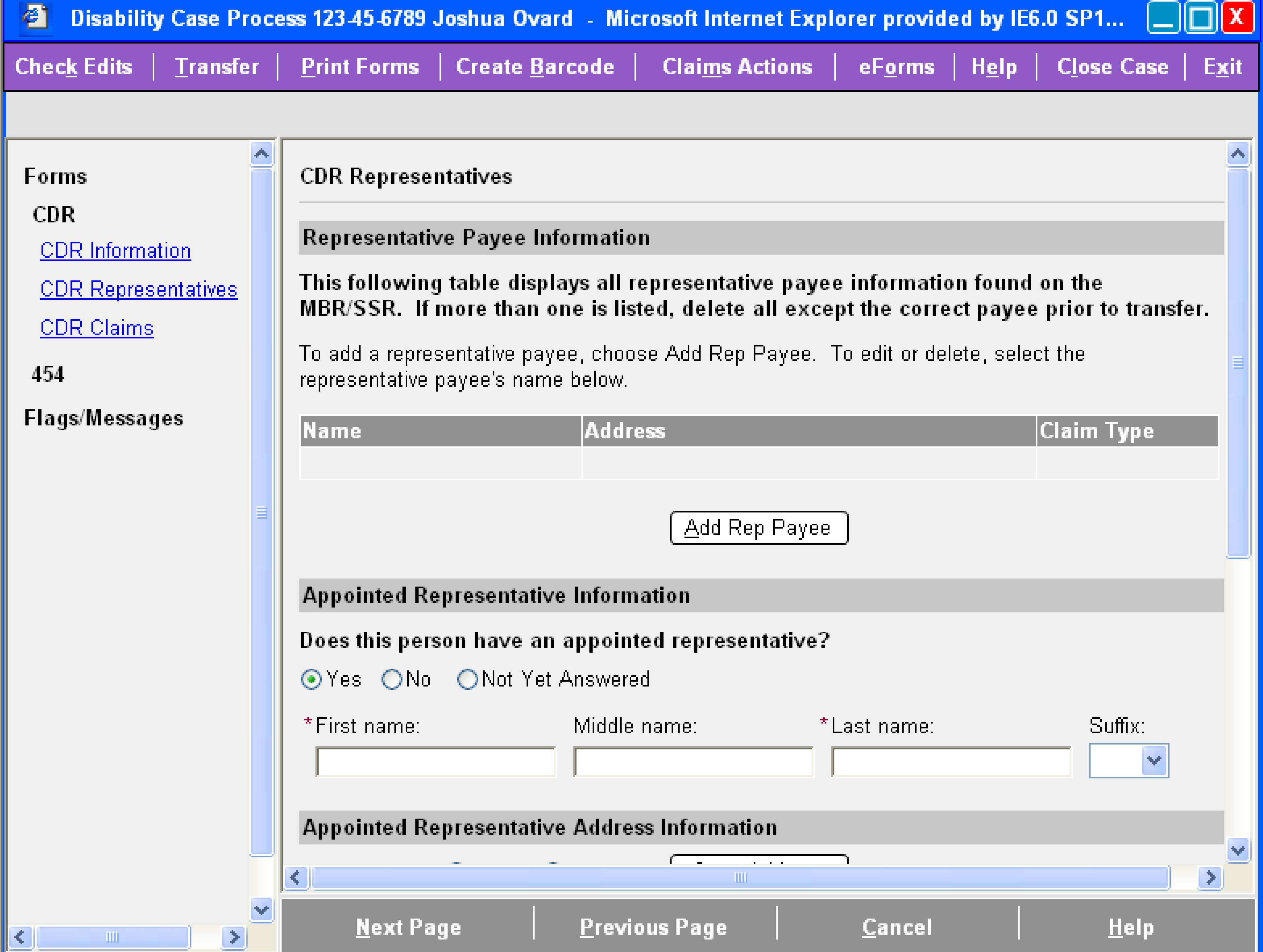
CDR Representatives

Appointed Representative = No



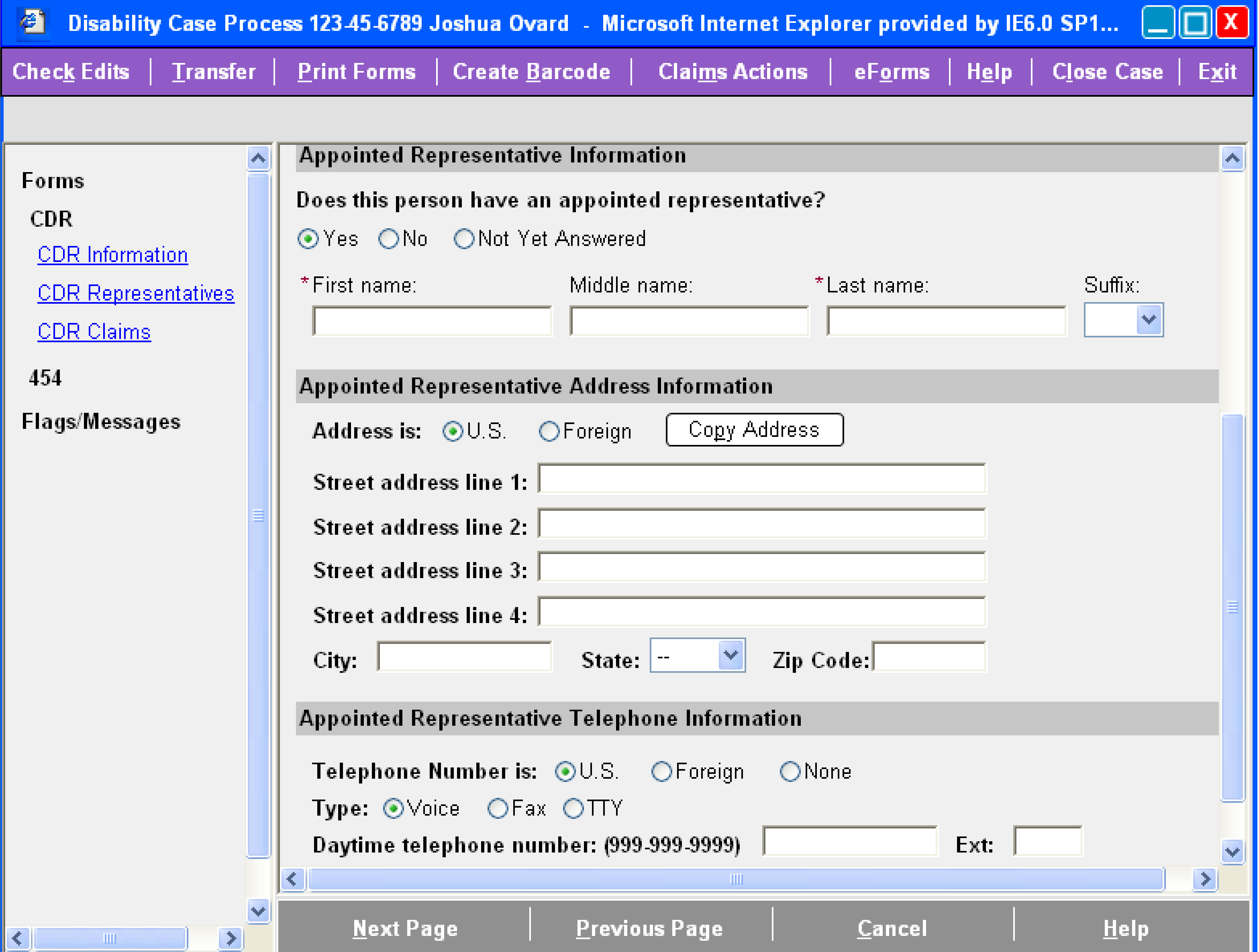
CDR Representatives, Part 1 of 2

Appointed Representative = Yes

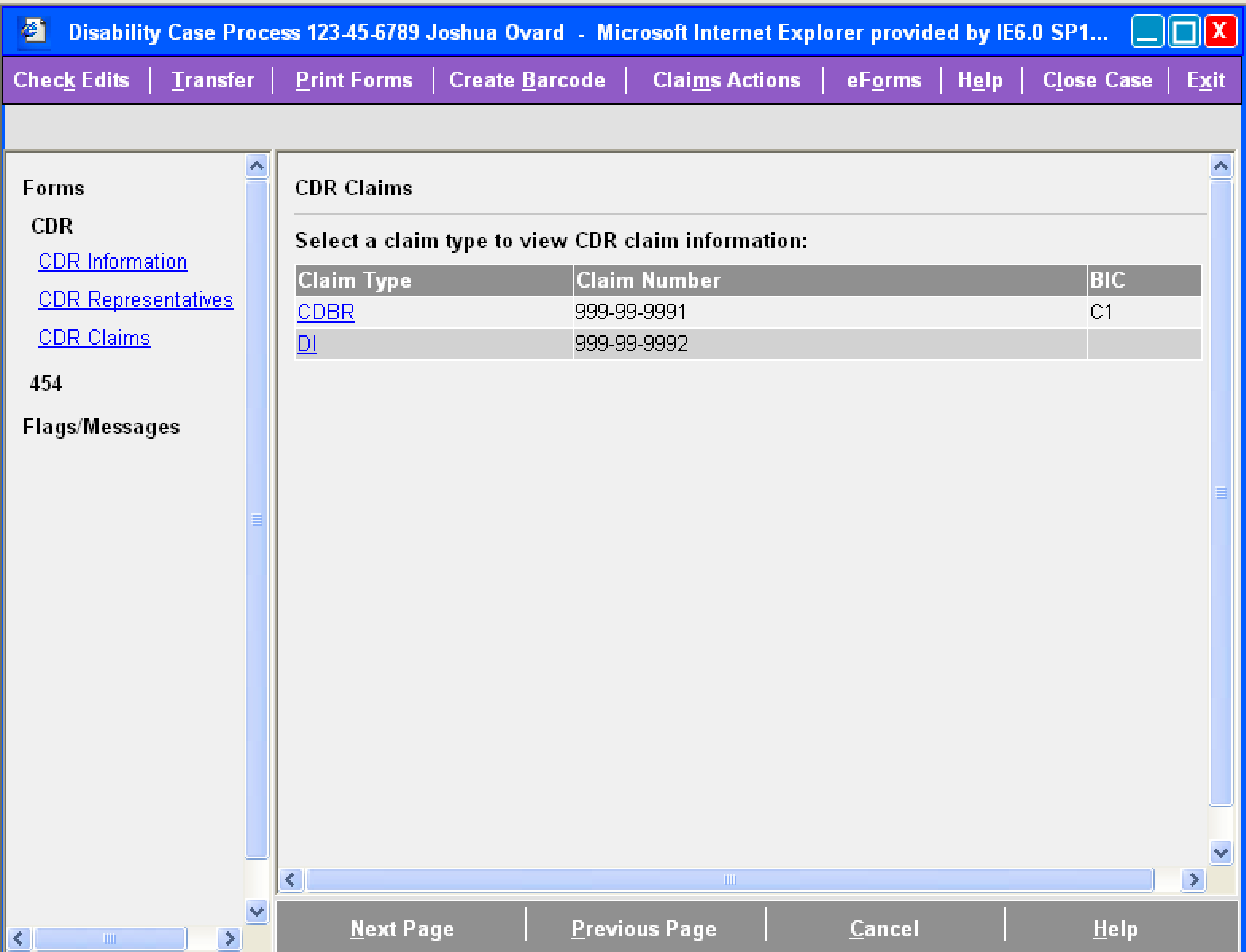


CDR Representatives, Part 2 of 2

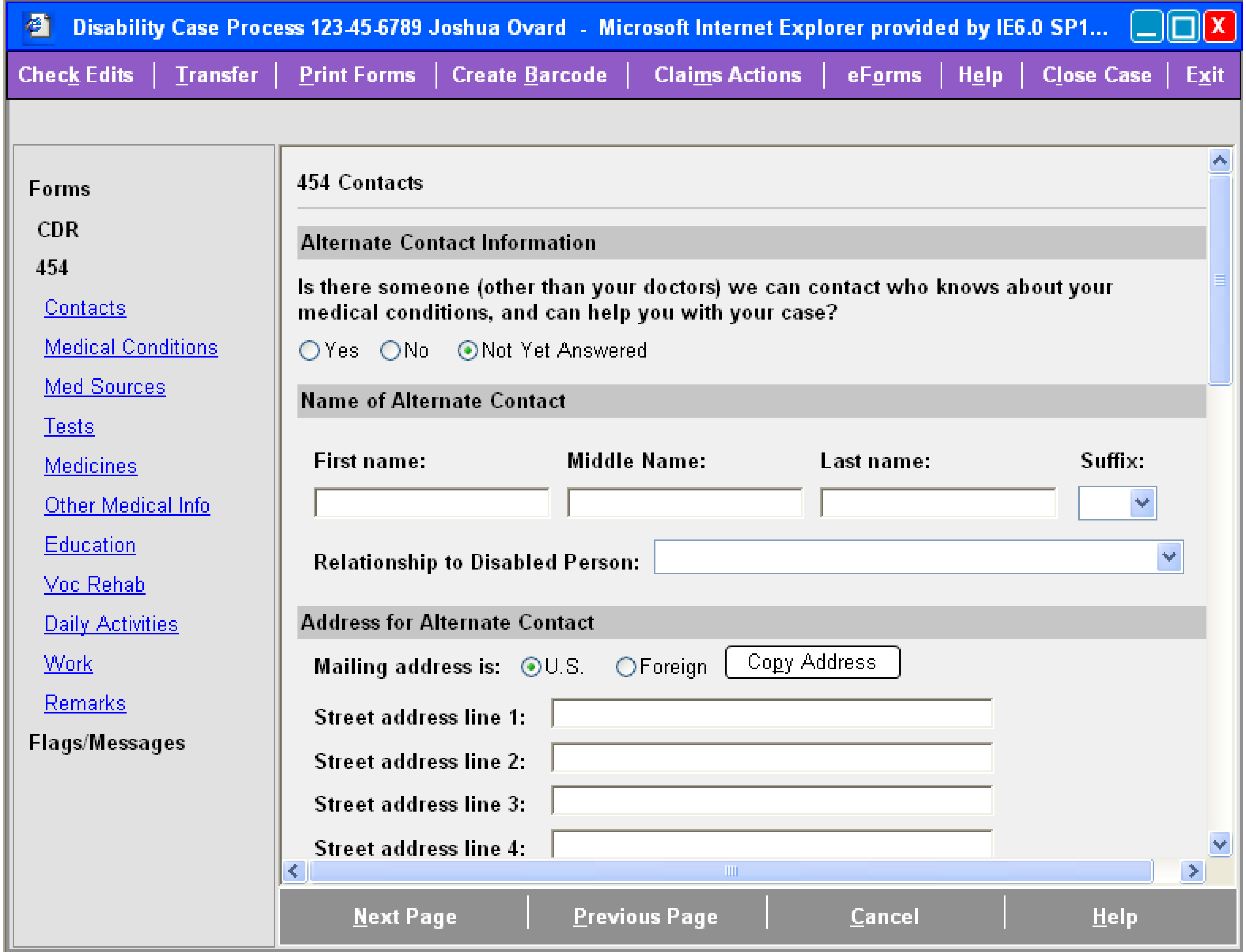
Appointed Representative = Yes



CDR Claims

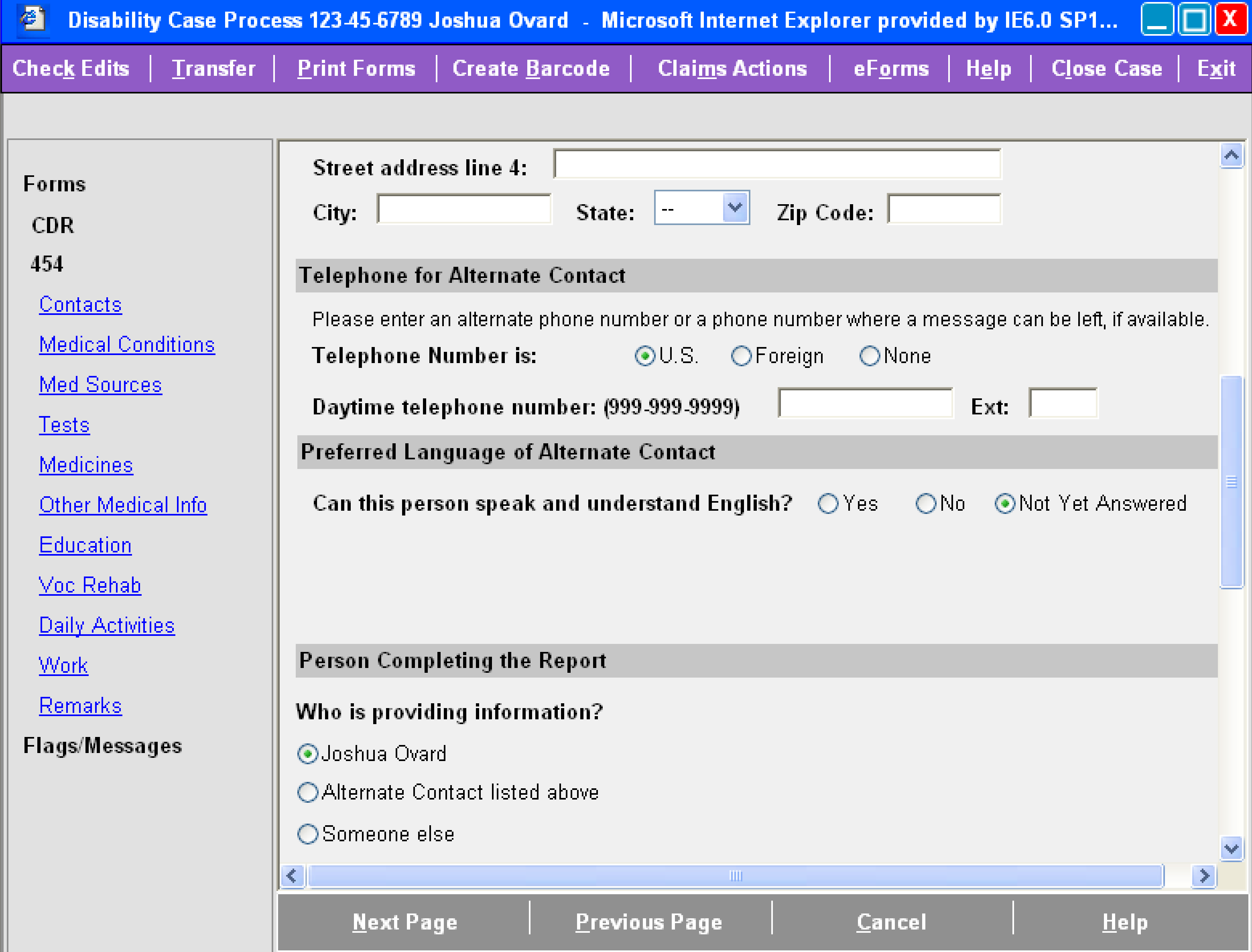


Contacts, Part 1 of 3



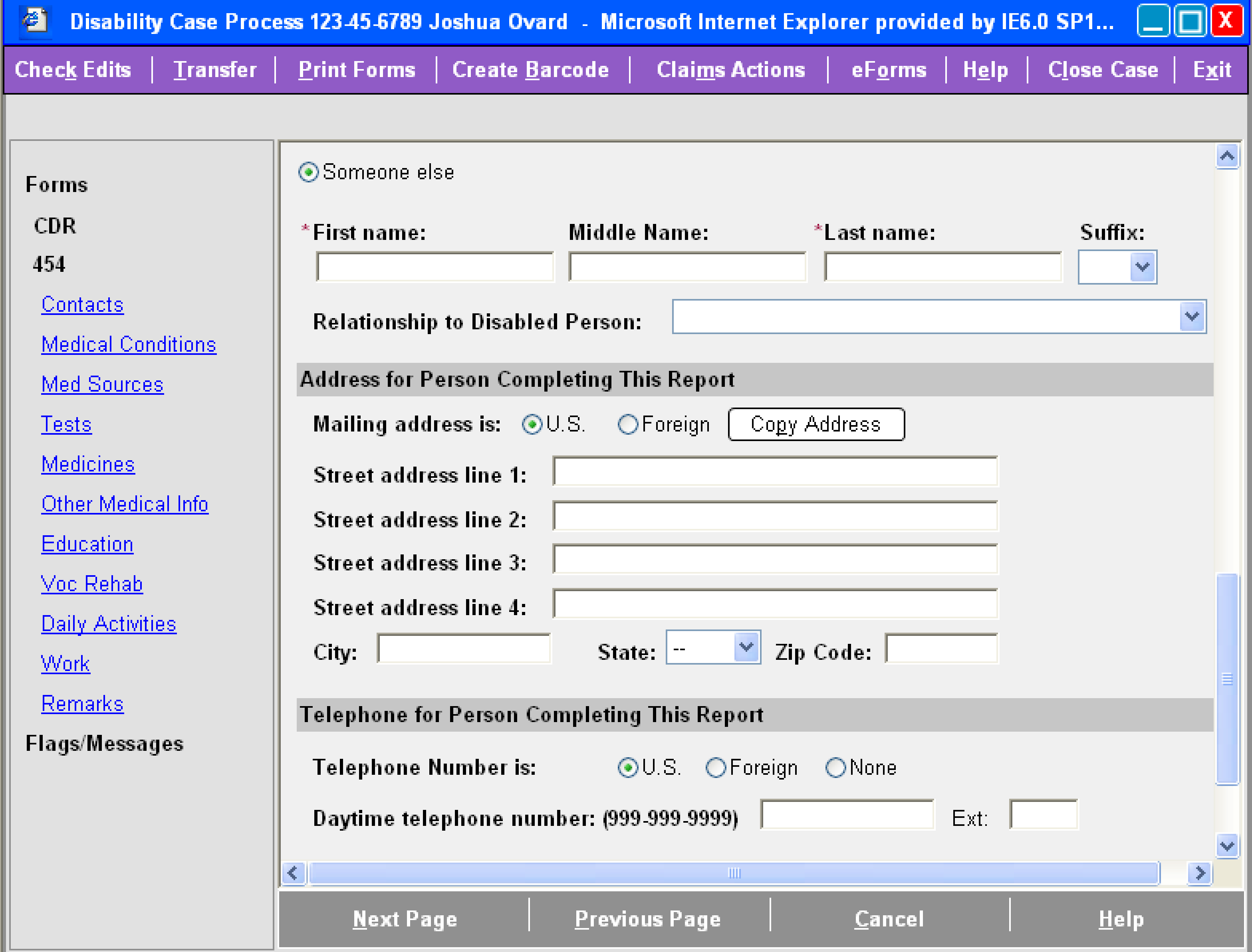
Contacts, Part 2 of 3

Person Completing Report = Claimant



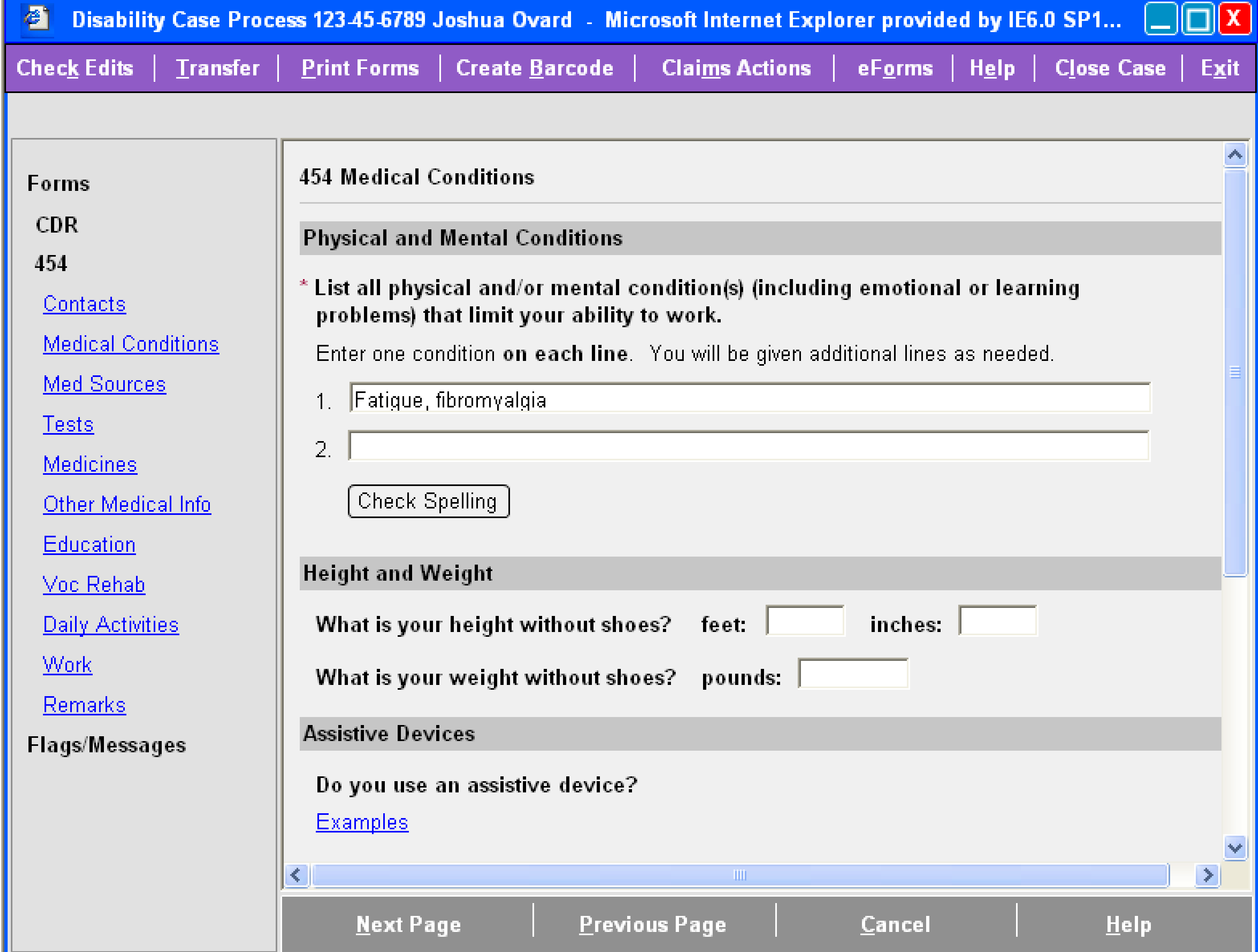
Contacts, Part 3 of 3

Person Completing Report = Someone Else



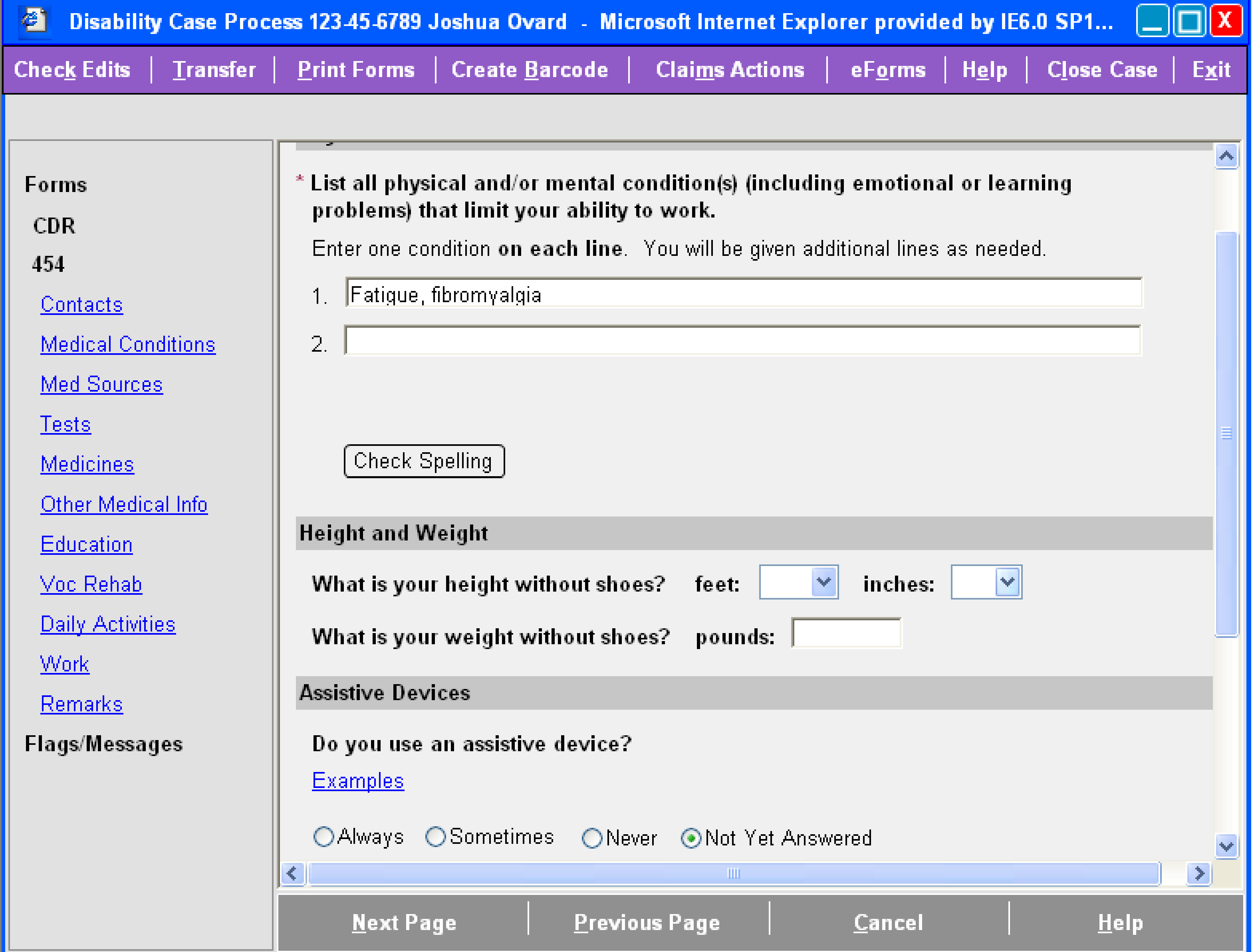
Medical Conditions, Part 1 of 2

Medical Conditions Propagated from mainframe, no new conditions entered



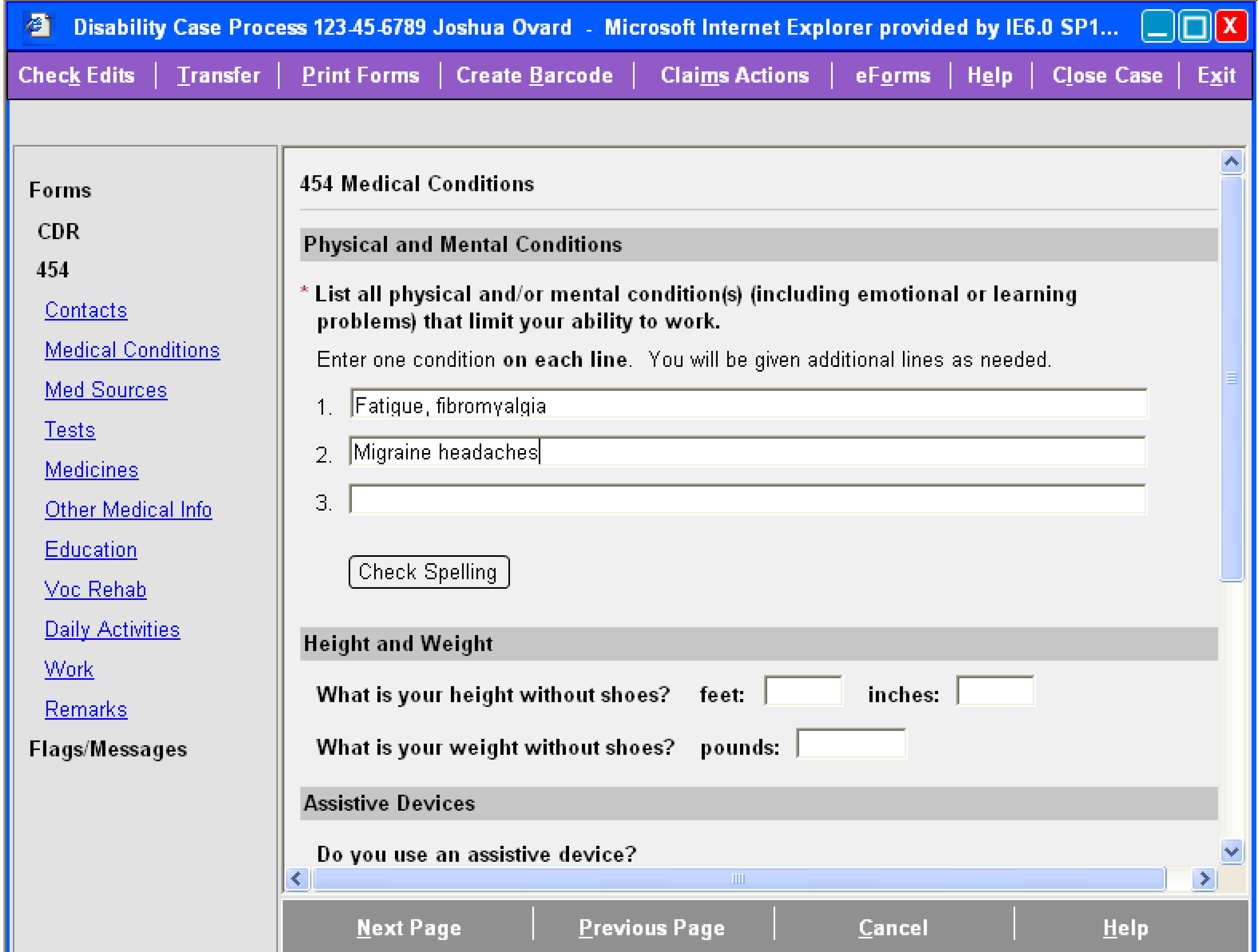
Medical Conditions, Part 2 of 2

Medical Conditions Propagated from mainframe, no new conditions entered



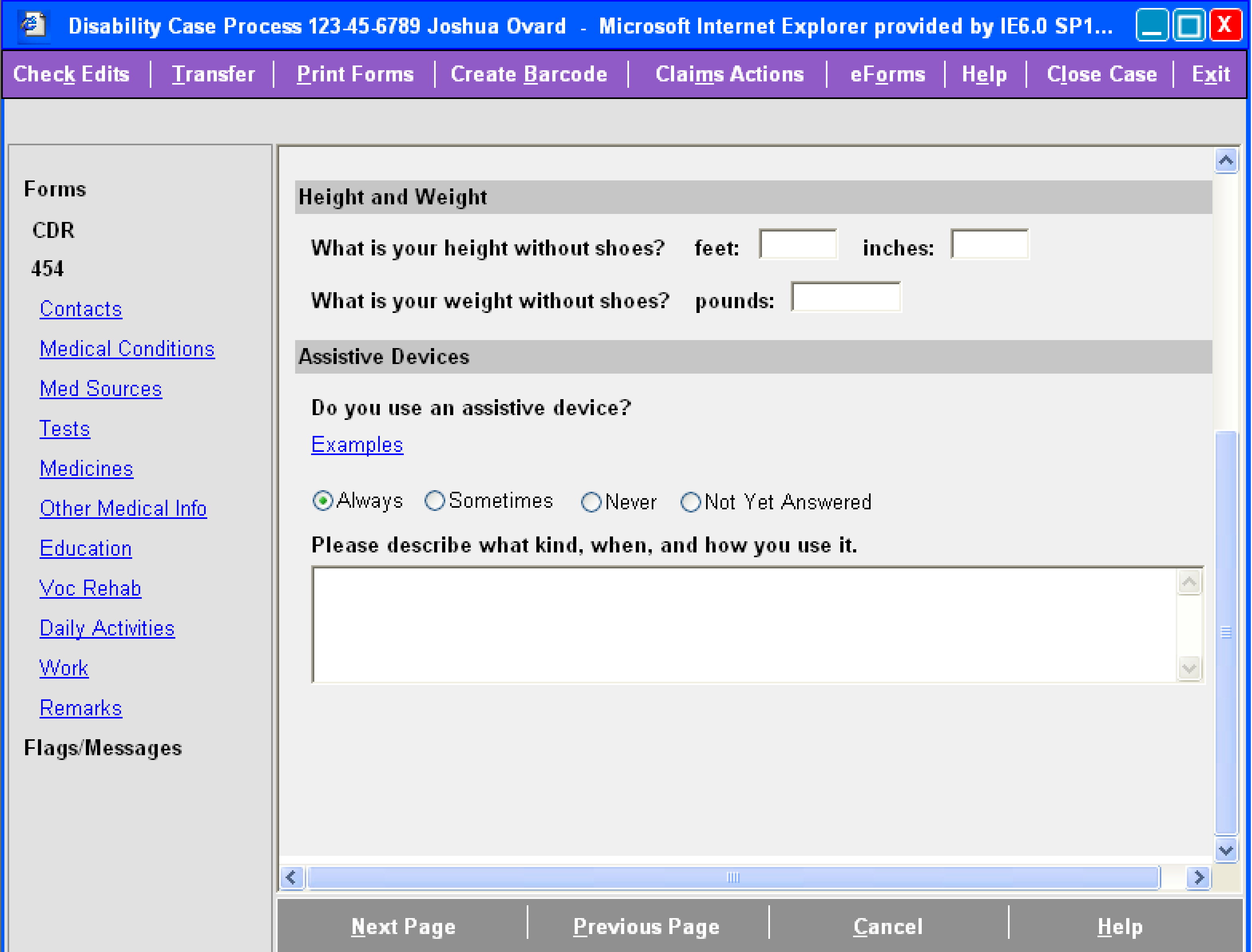
Medical Conditions, Part 1 of 2

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



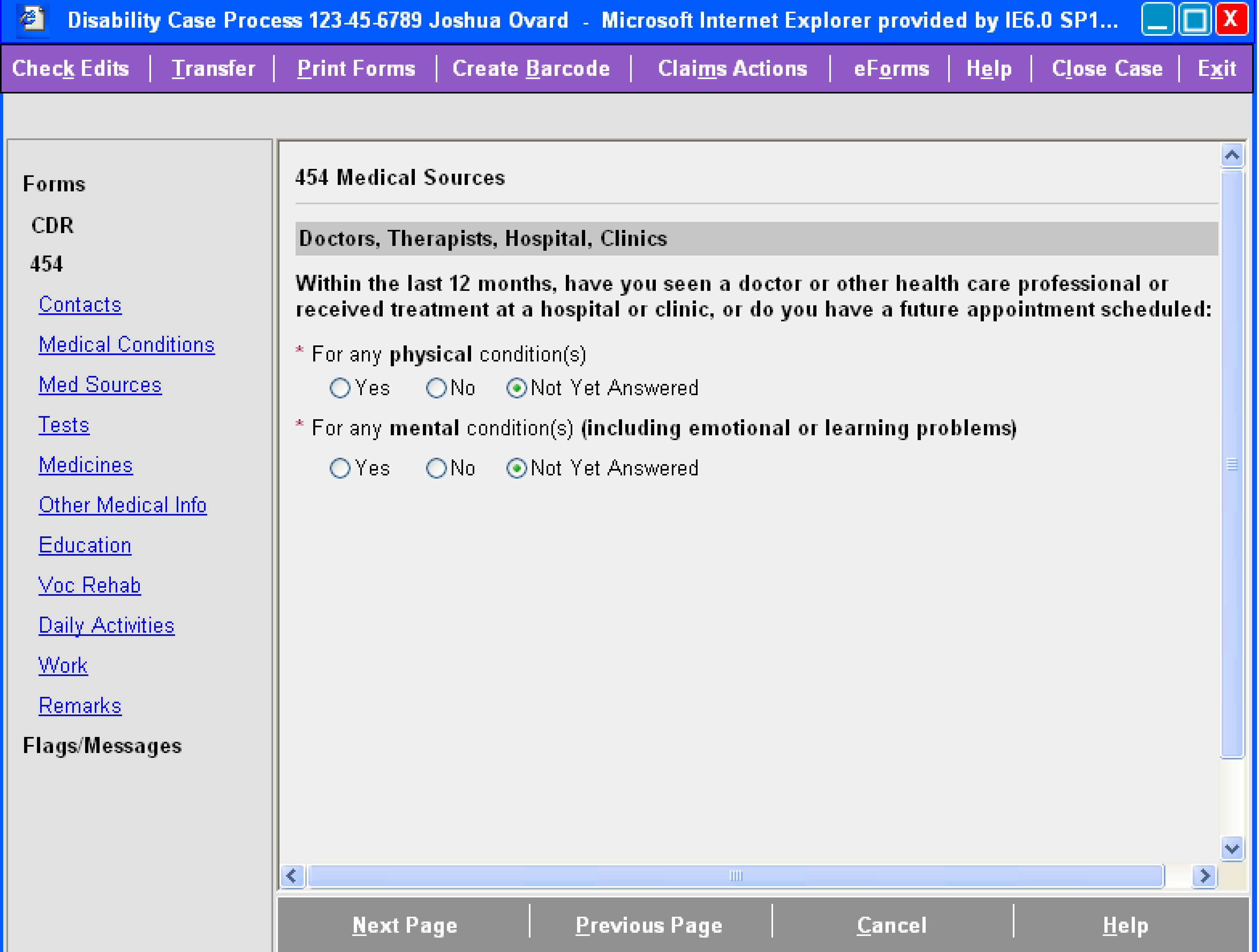
Medical Conditions, Part 2 of 2

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



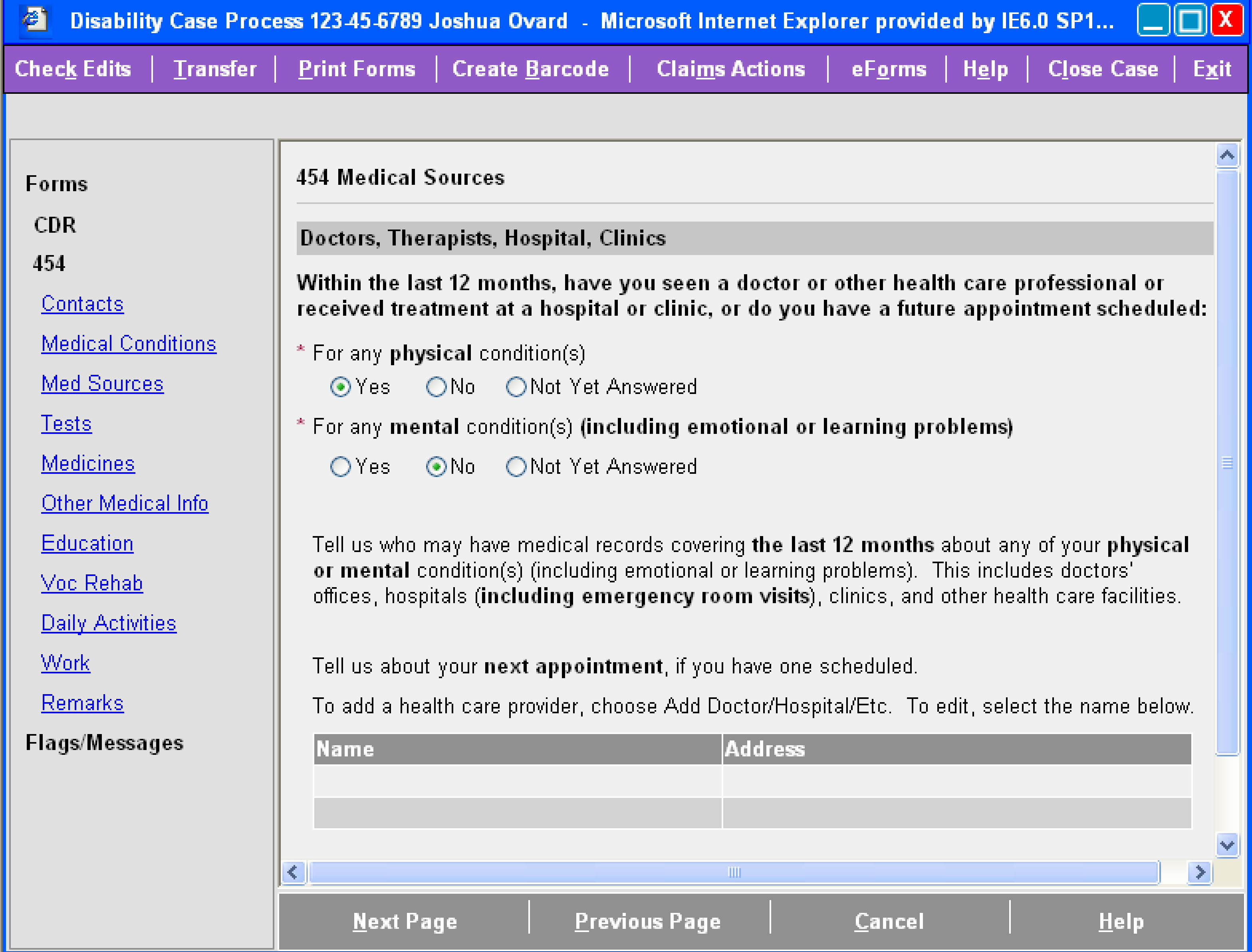
Medical Sources

Initial view

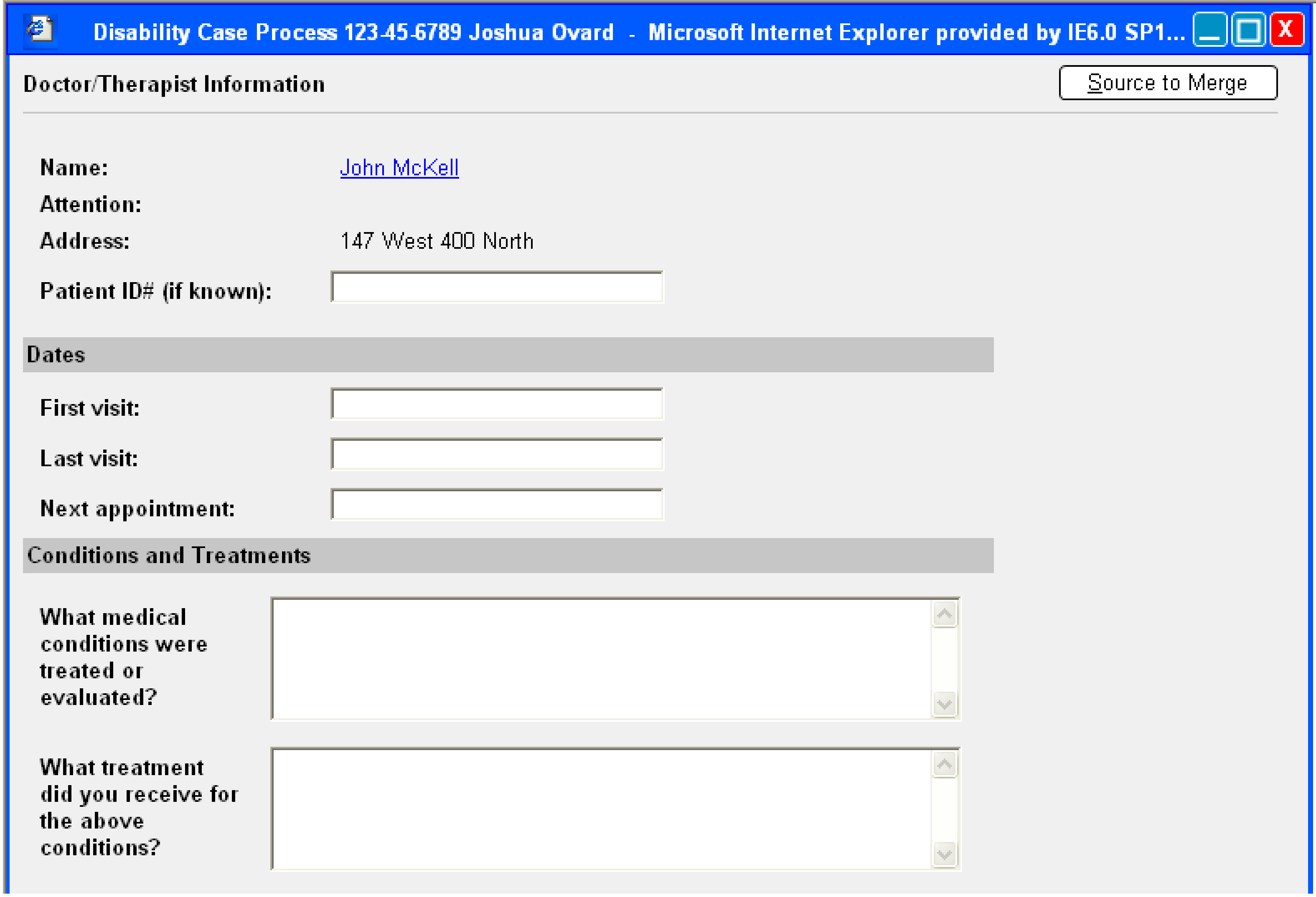


Medical Sources

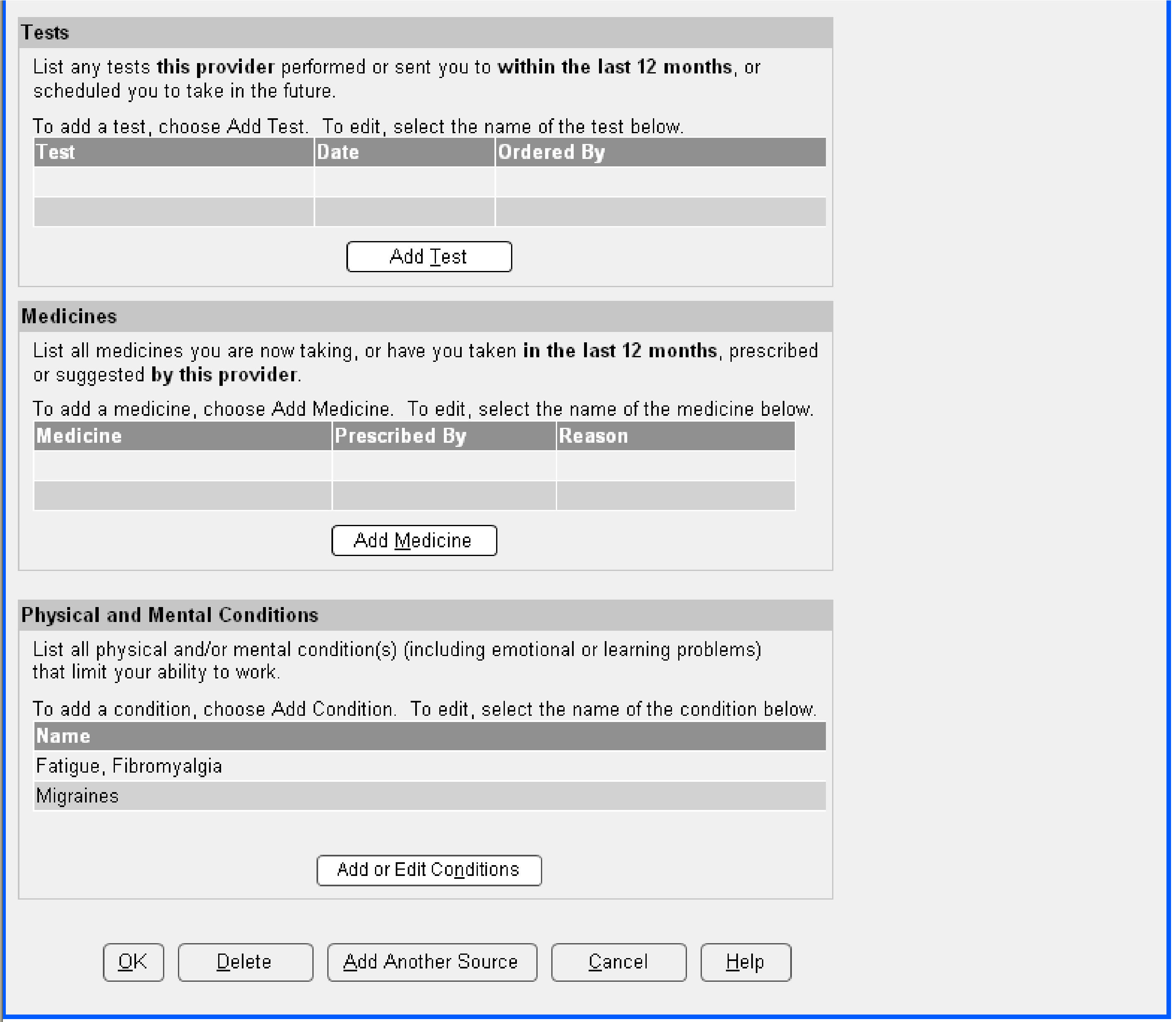
User has indicated claimant has medical sources, but has not entered any



Doctor/Therapist Information, Part 1 of 2



Doctor/Therapist Information, Part 2 of 2



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	Date	Ordered By

Add Test

Medicines

List all 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 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.

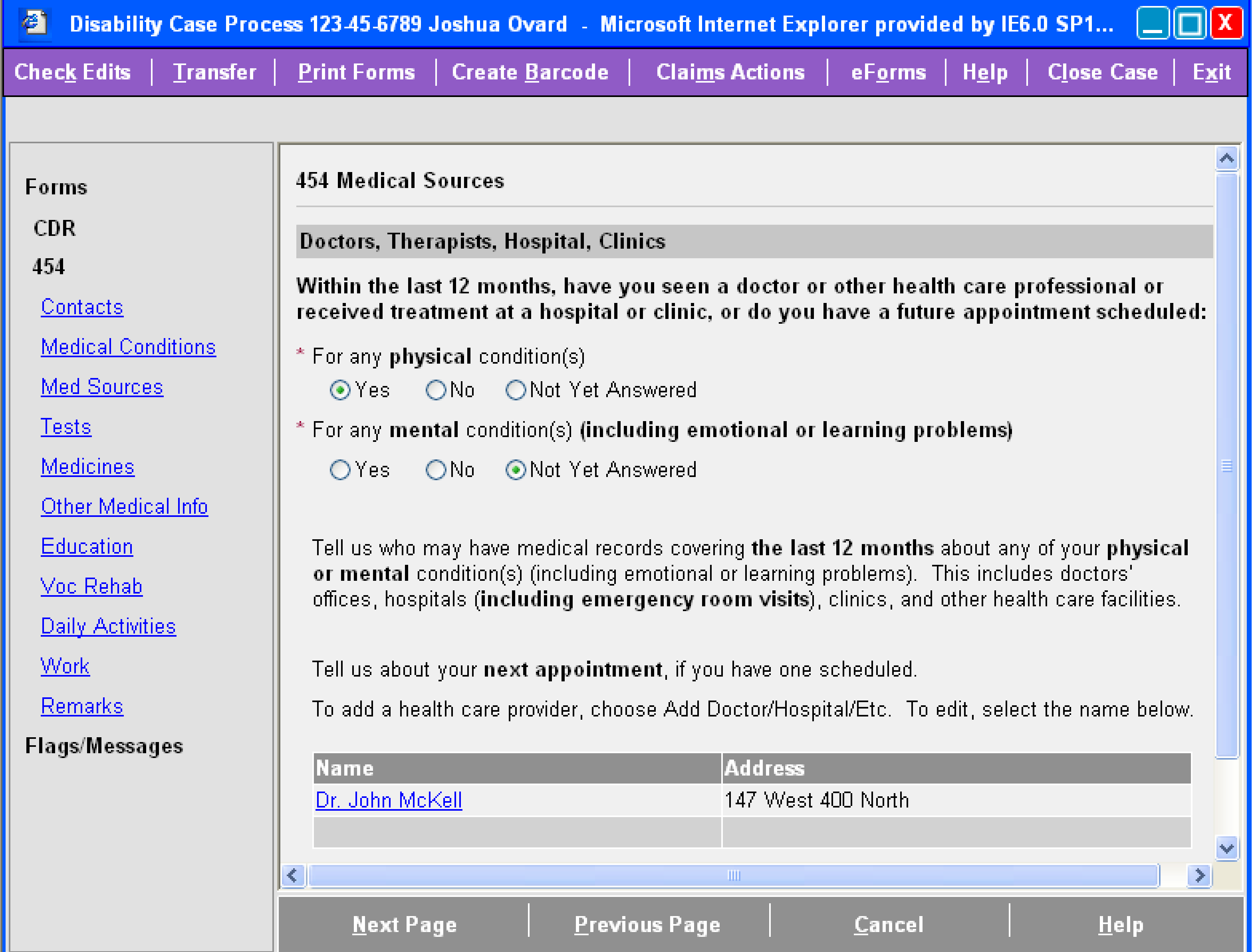
Name
Fatigue, Fibromyalgia
Migraines

Add or Edit Conditions

OK | Delete | Add Another Source | Cancel | Help

Medical Sources

User has indicated claimant has medical sources and entered a doctor



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: 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

Date In: **Date Out:**
Date In: **Date Out:**
Date In: **Date Out:**

Did you have any outpatient 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? (•) 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 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	Date	Ordered By

Add Test

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 Medicine

Physical and Mental Conditions

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

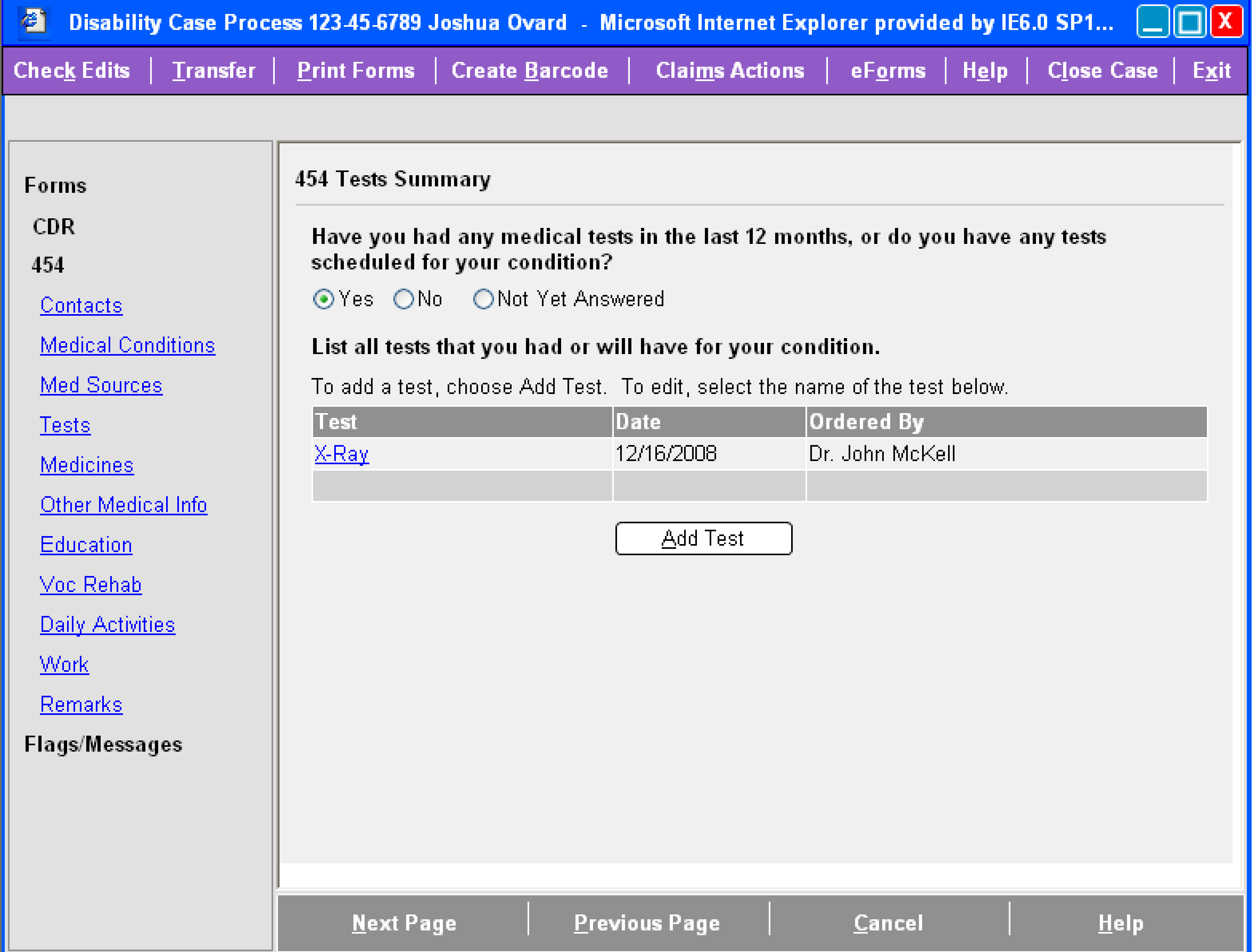
To add a condition, choose Add Condition. To edit, select the name of the condition below.

Name
Fatigue, Fibromyalgia
Migraines

Add or Edit Conditions

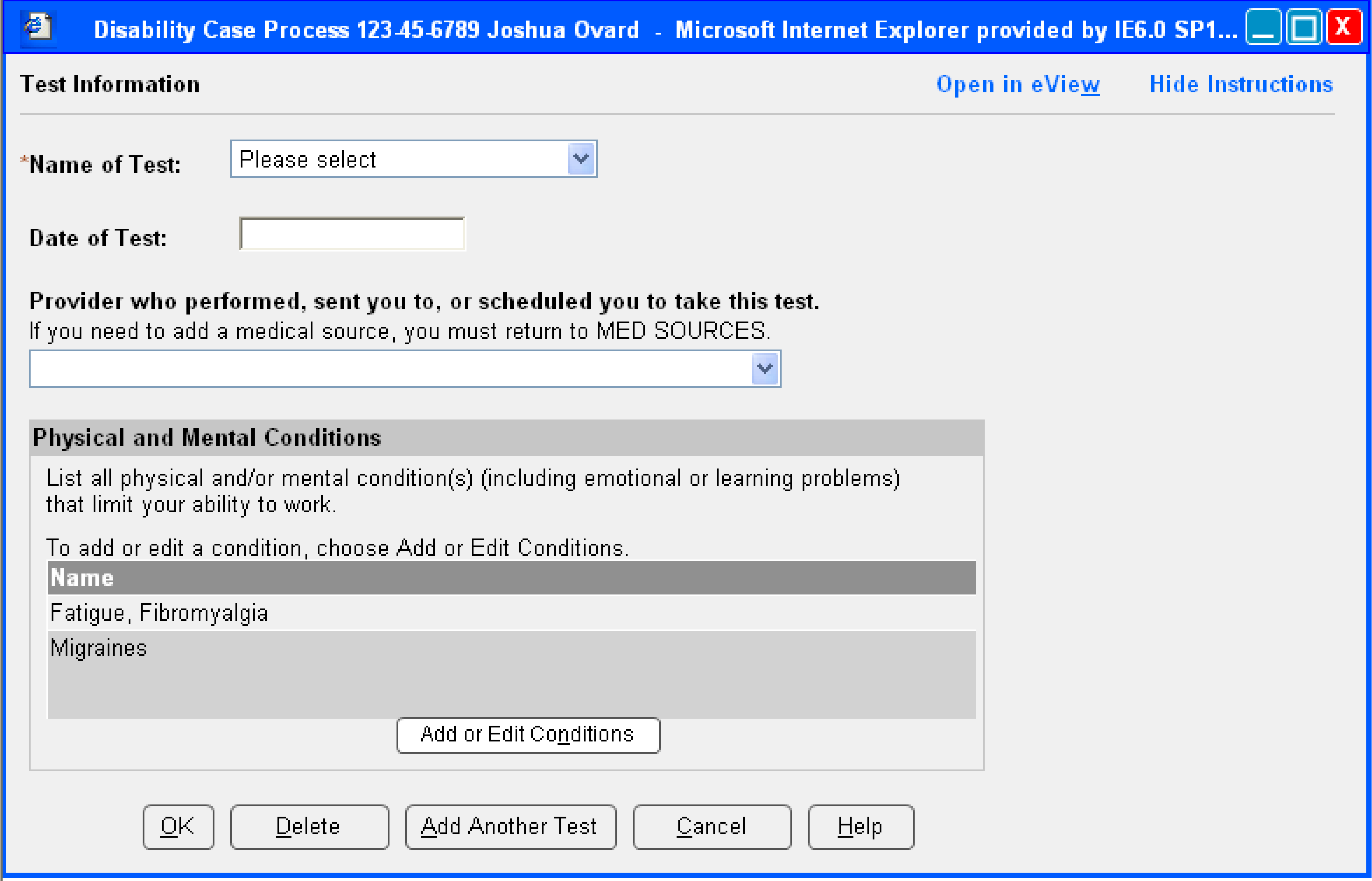
OK | Delete | Add Another Source | Cancel | Help

Tests Summary

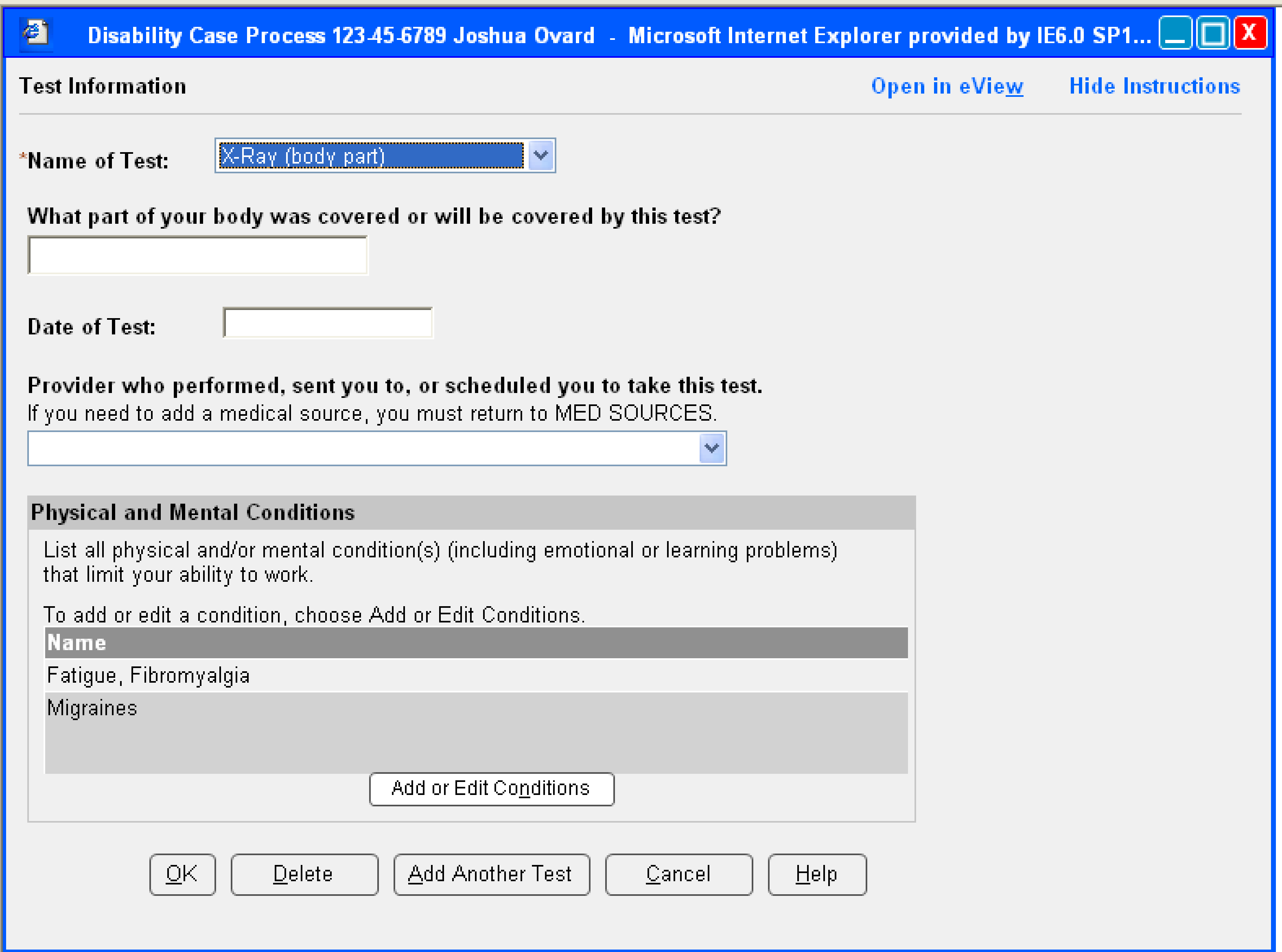


Test Information

No body part involved or other explanation needed

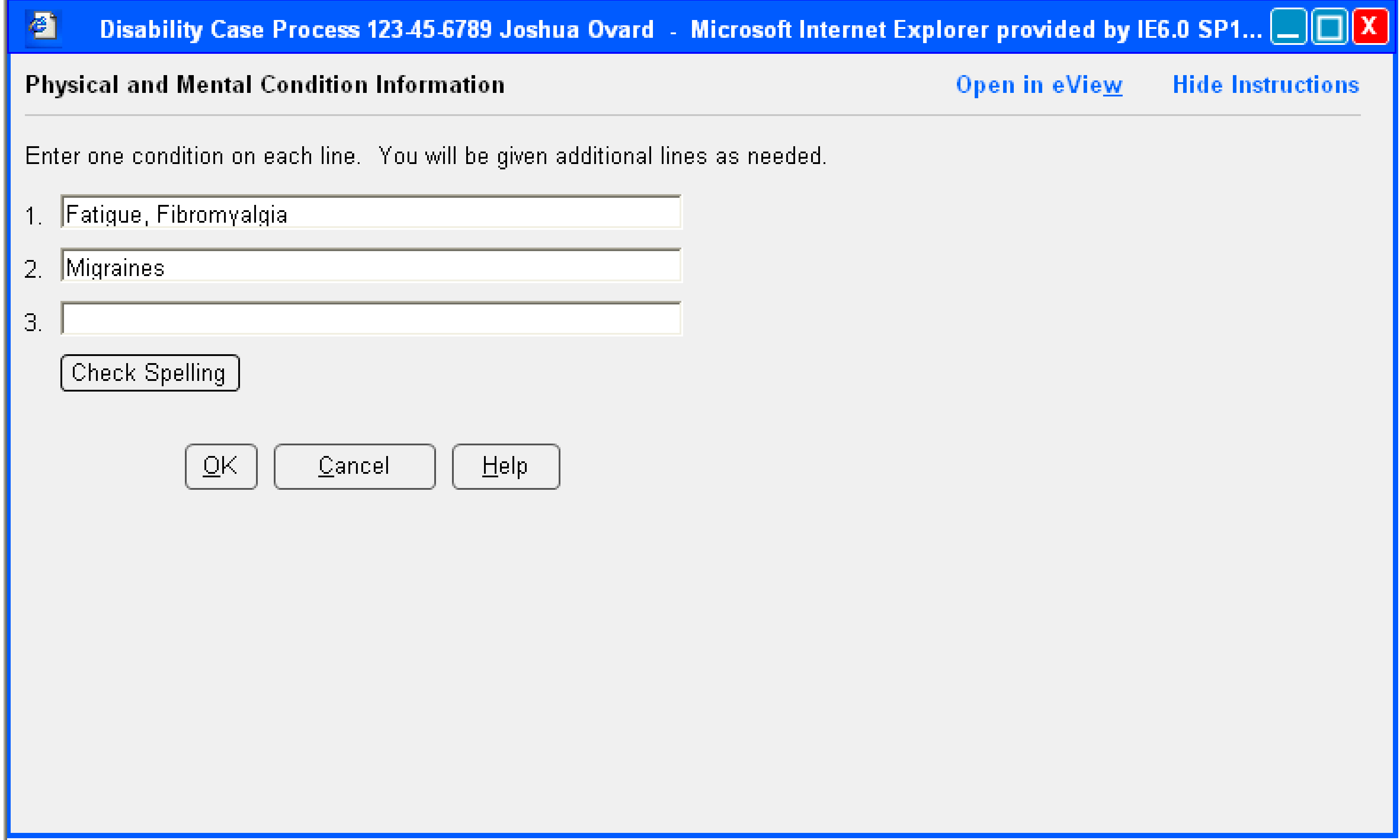


Test Information
Body part involved



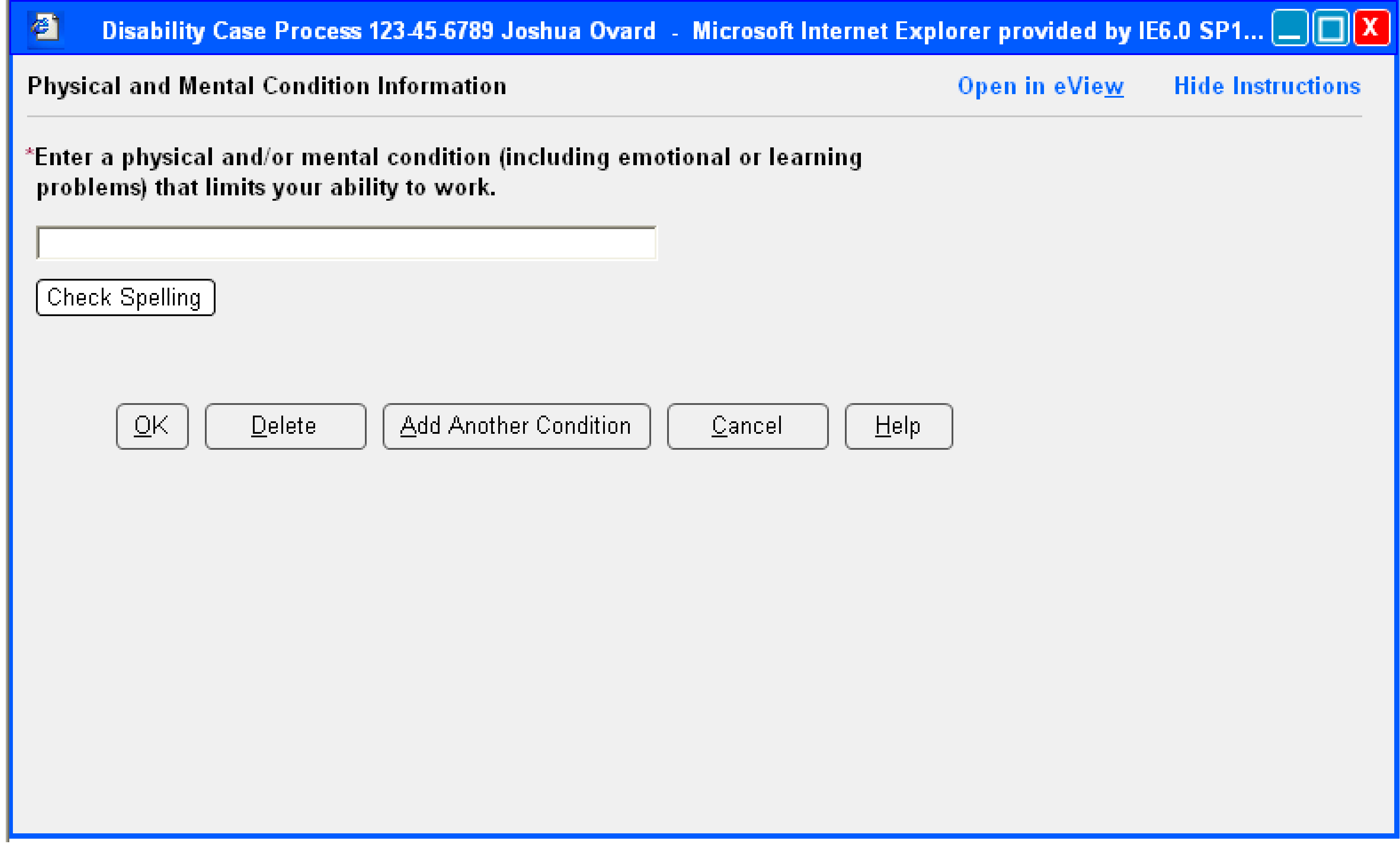
Physical and Mental Condition Information – Plan A

Claimant adds physical or mental condition while adding test

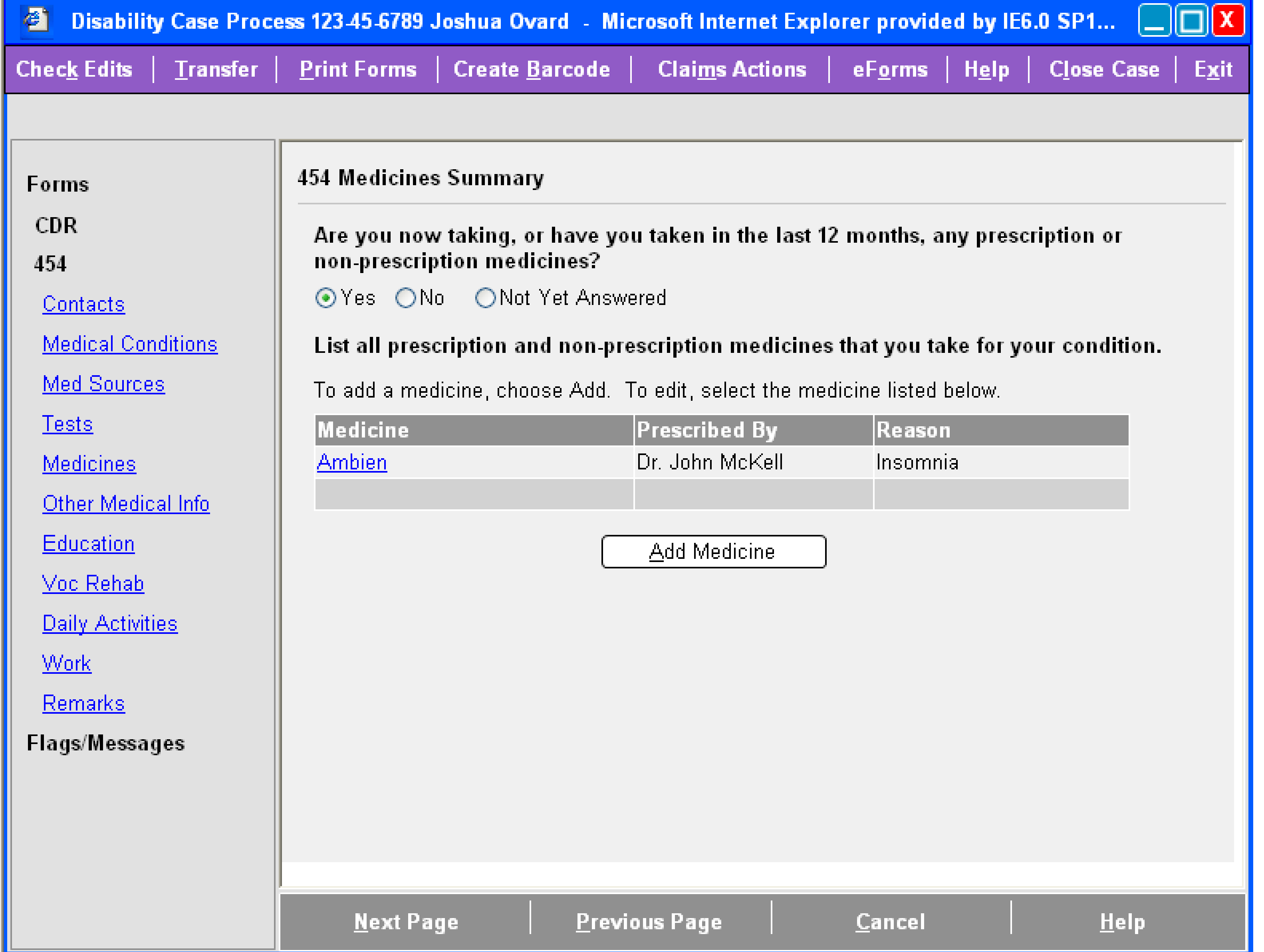


Physical and Mental Condition Information – Plan B

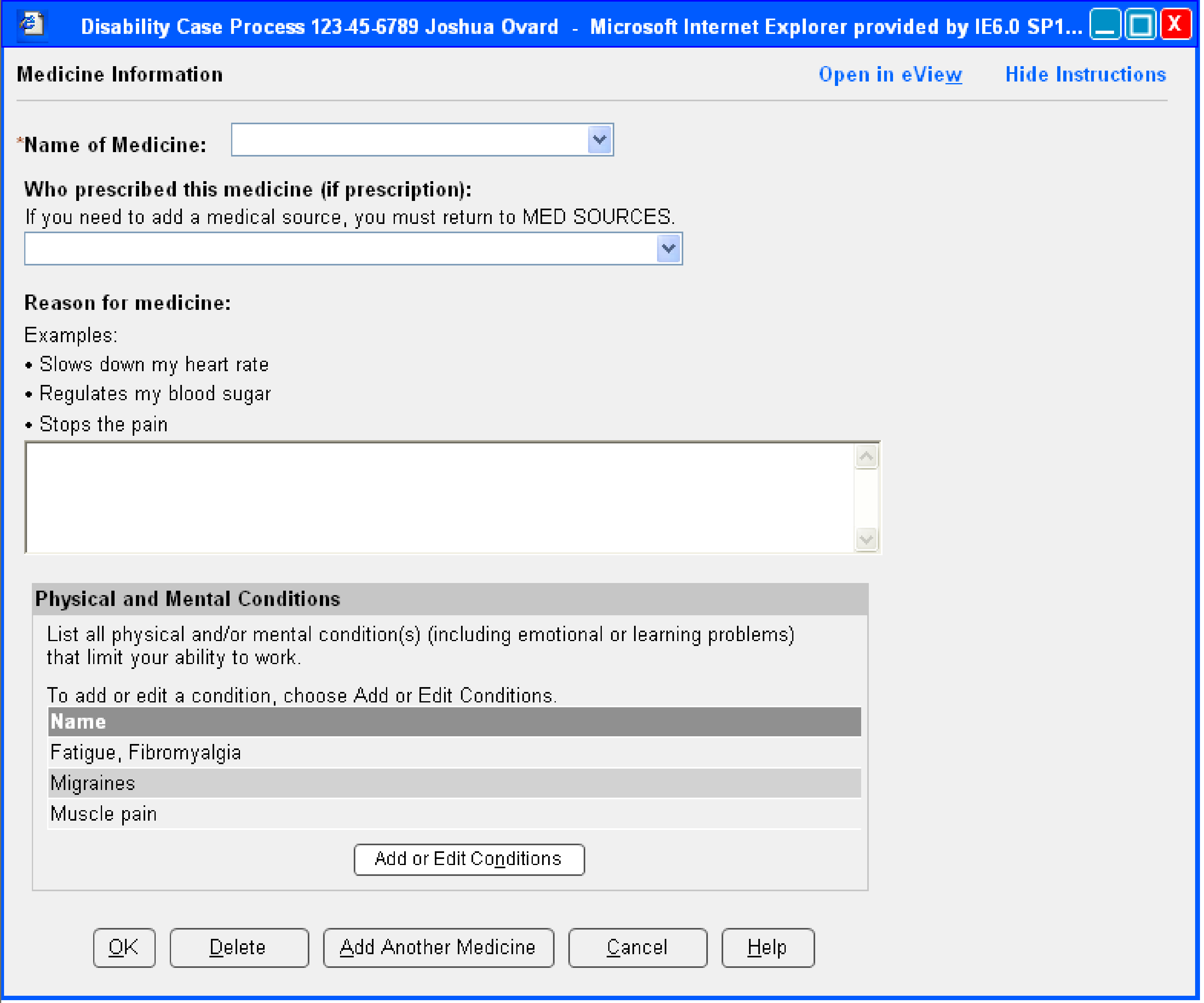
Claimant adds physical or mental condition while adding test



Medicines Summary

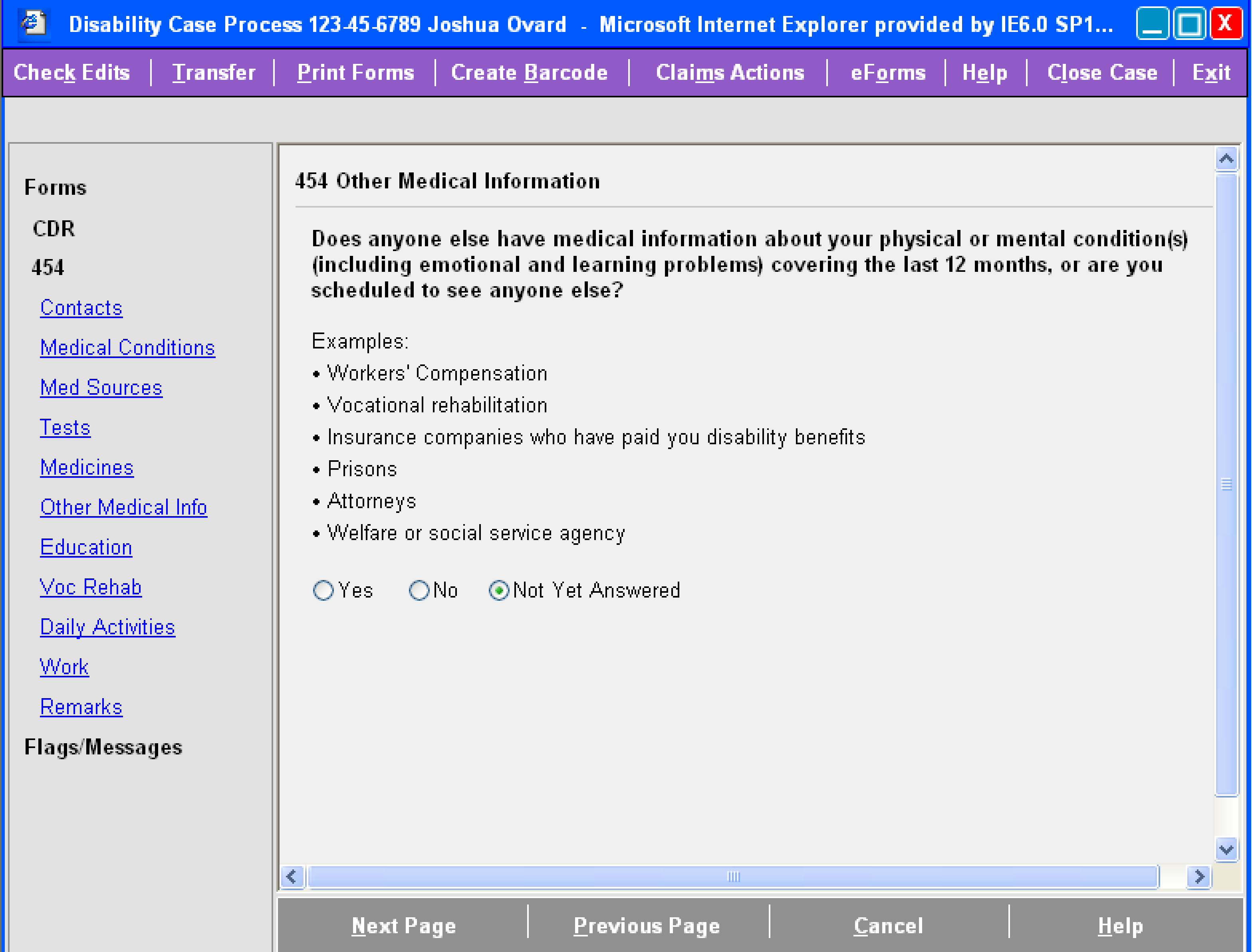


Medicine Information



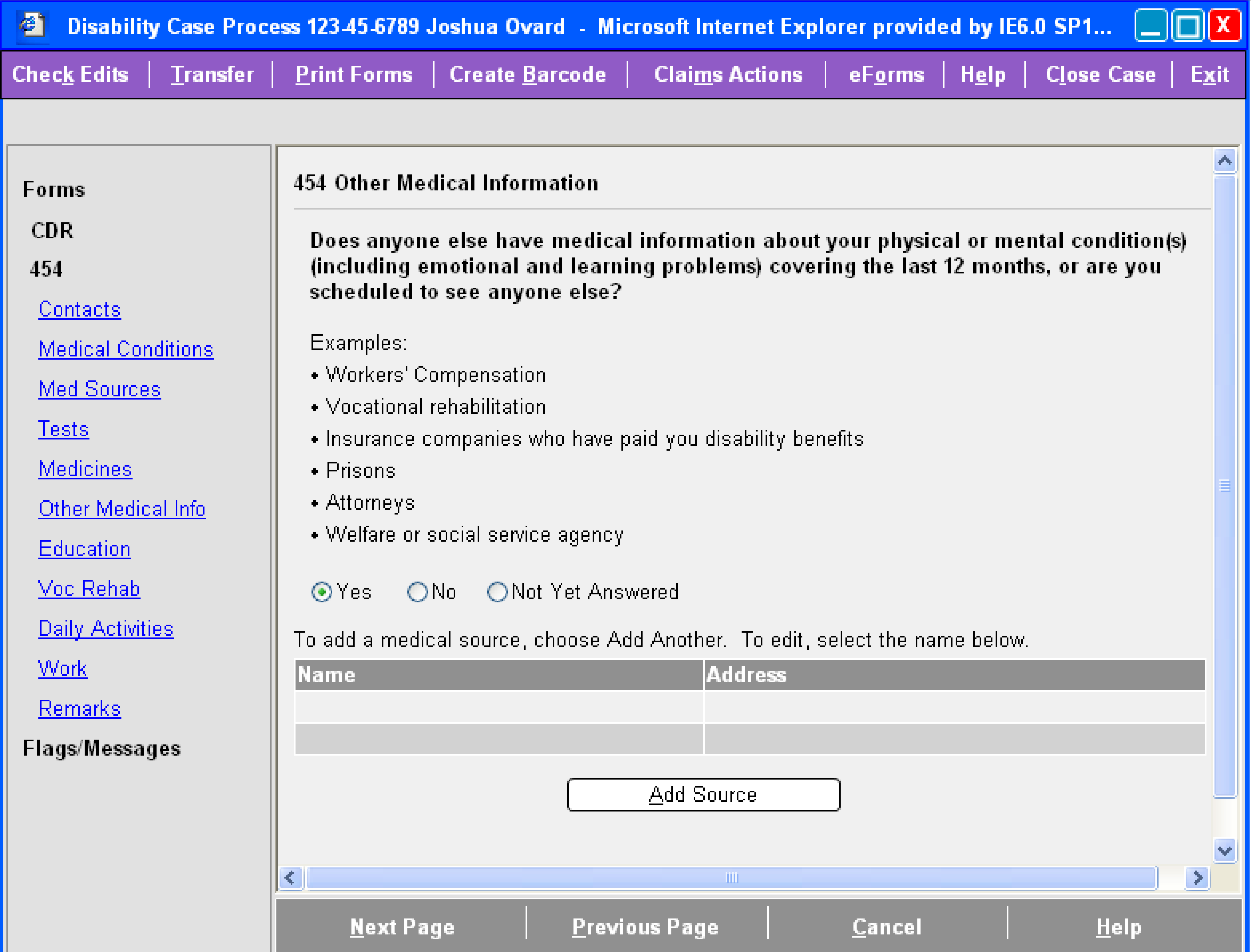
Other Medical Information

Initial View

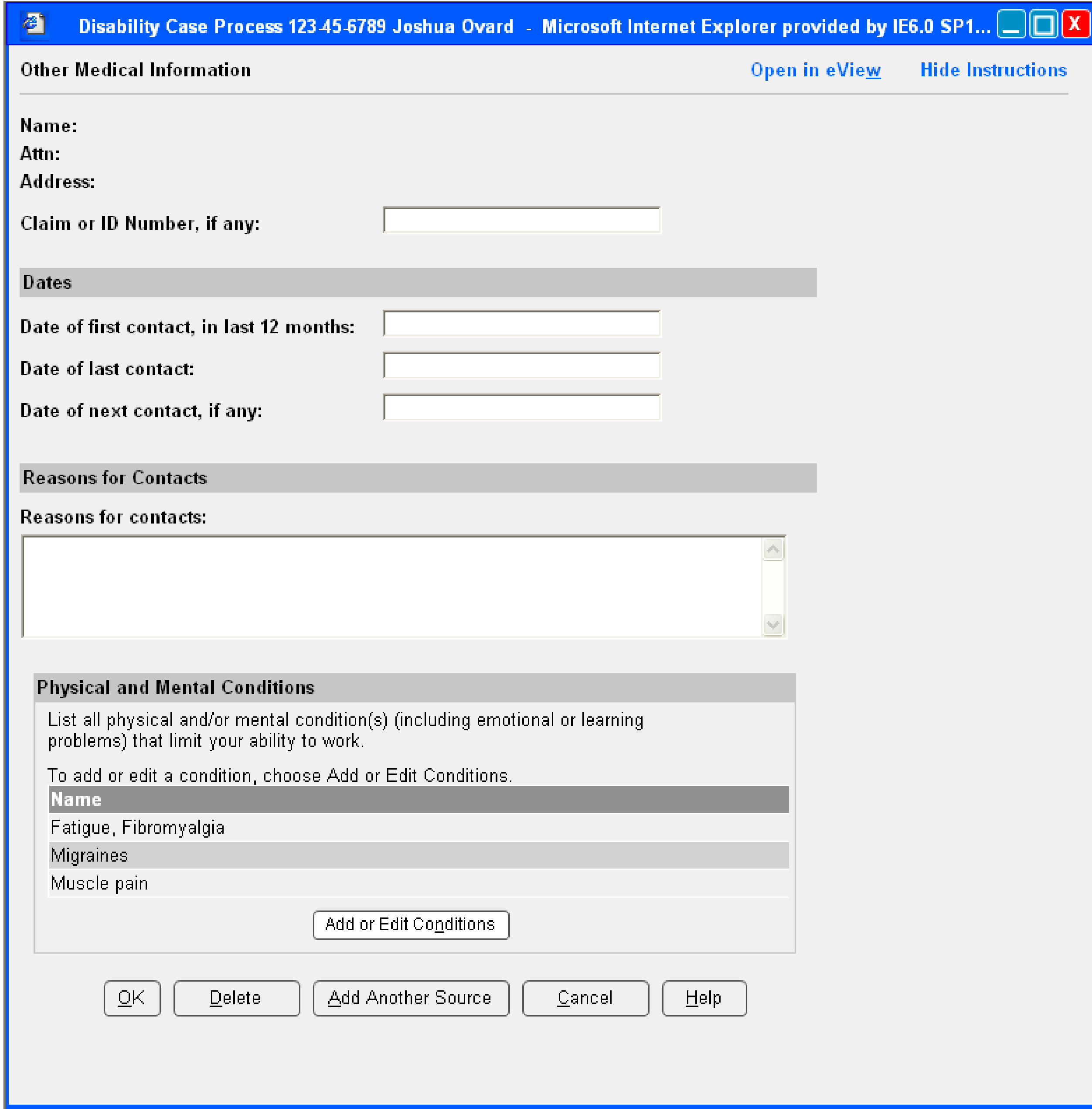


Other Medical Information

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

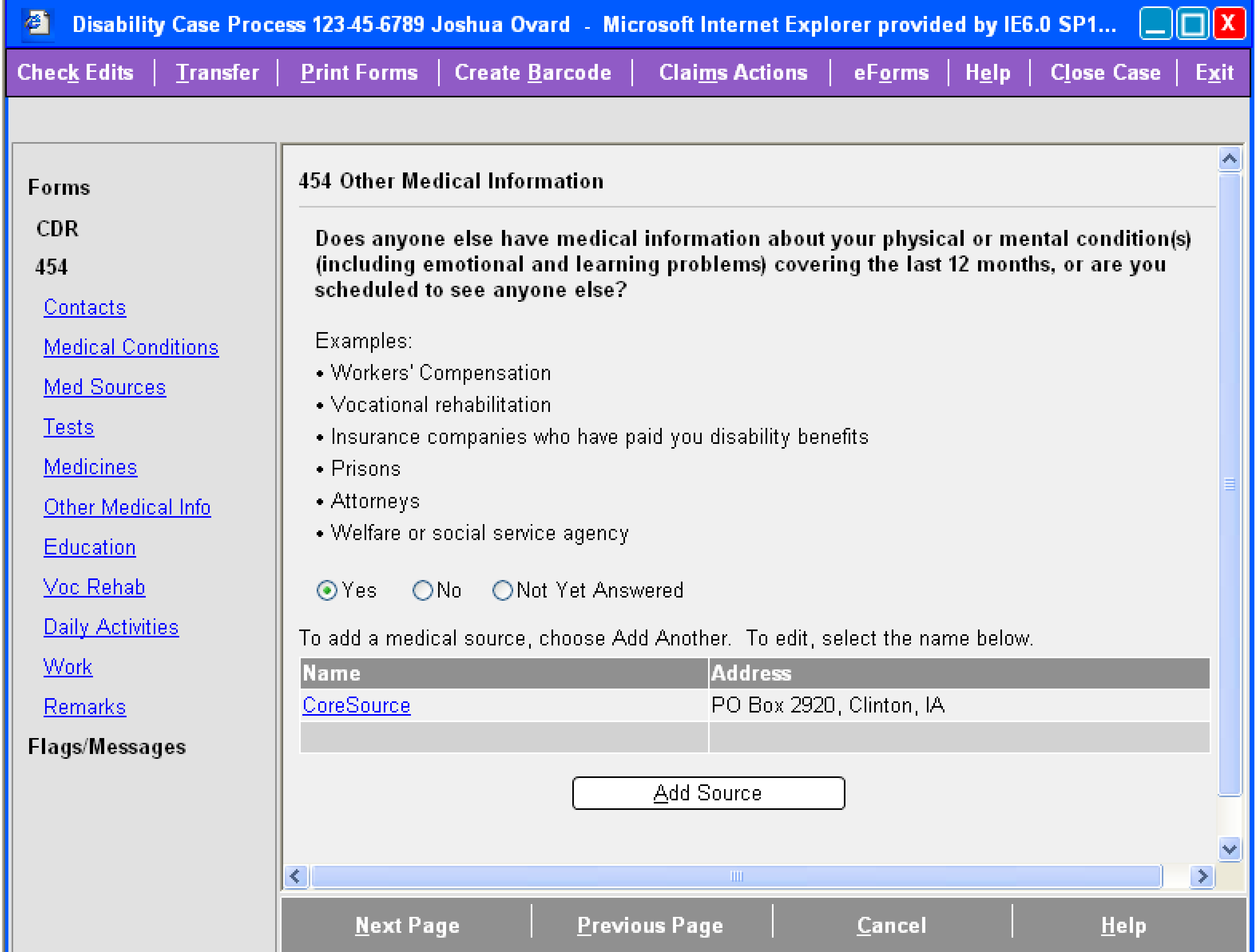


Other Medical Information



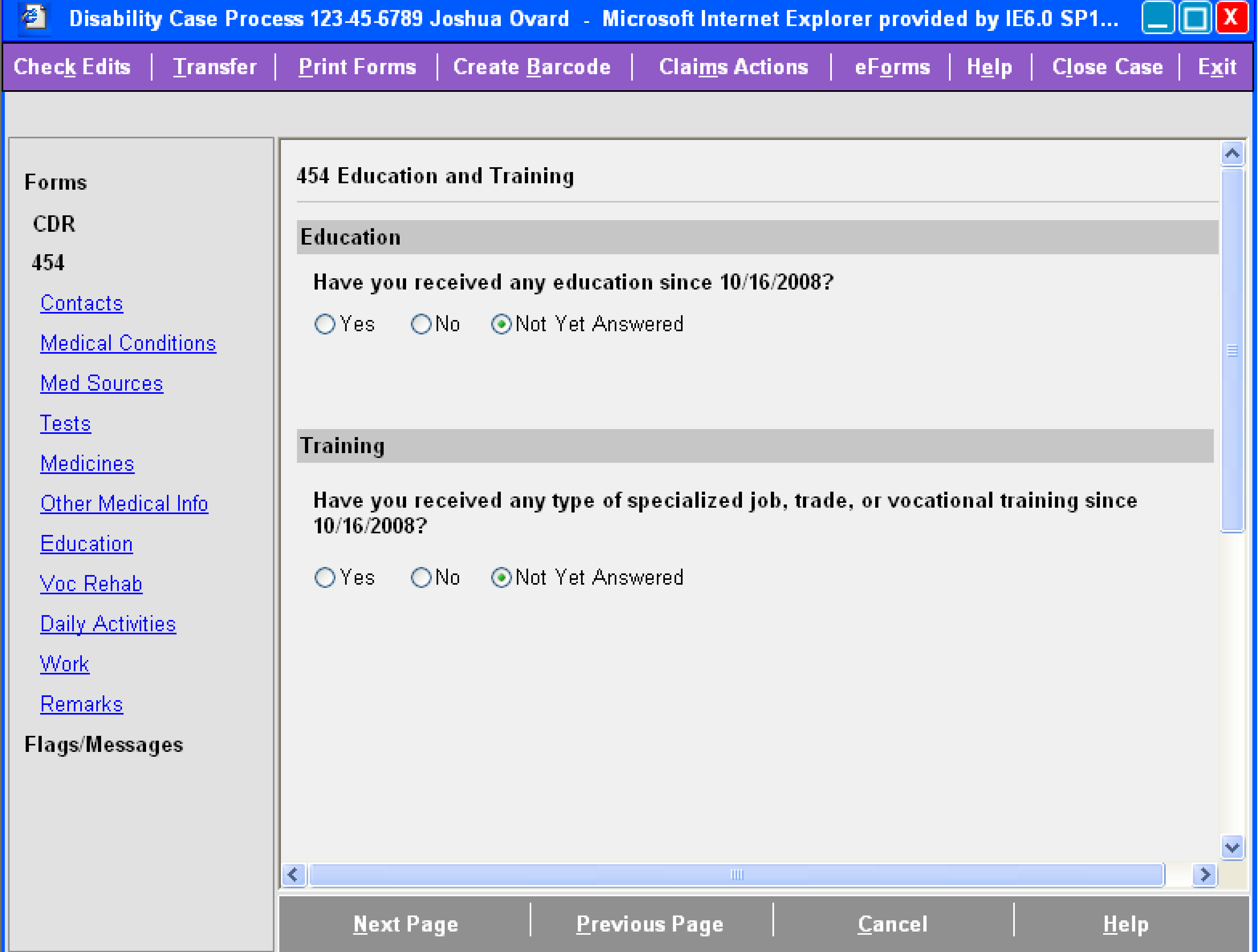
Other Medical Information

User has entered an other medical source



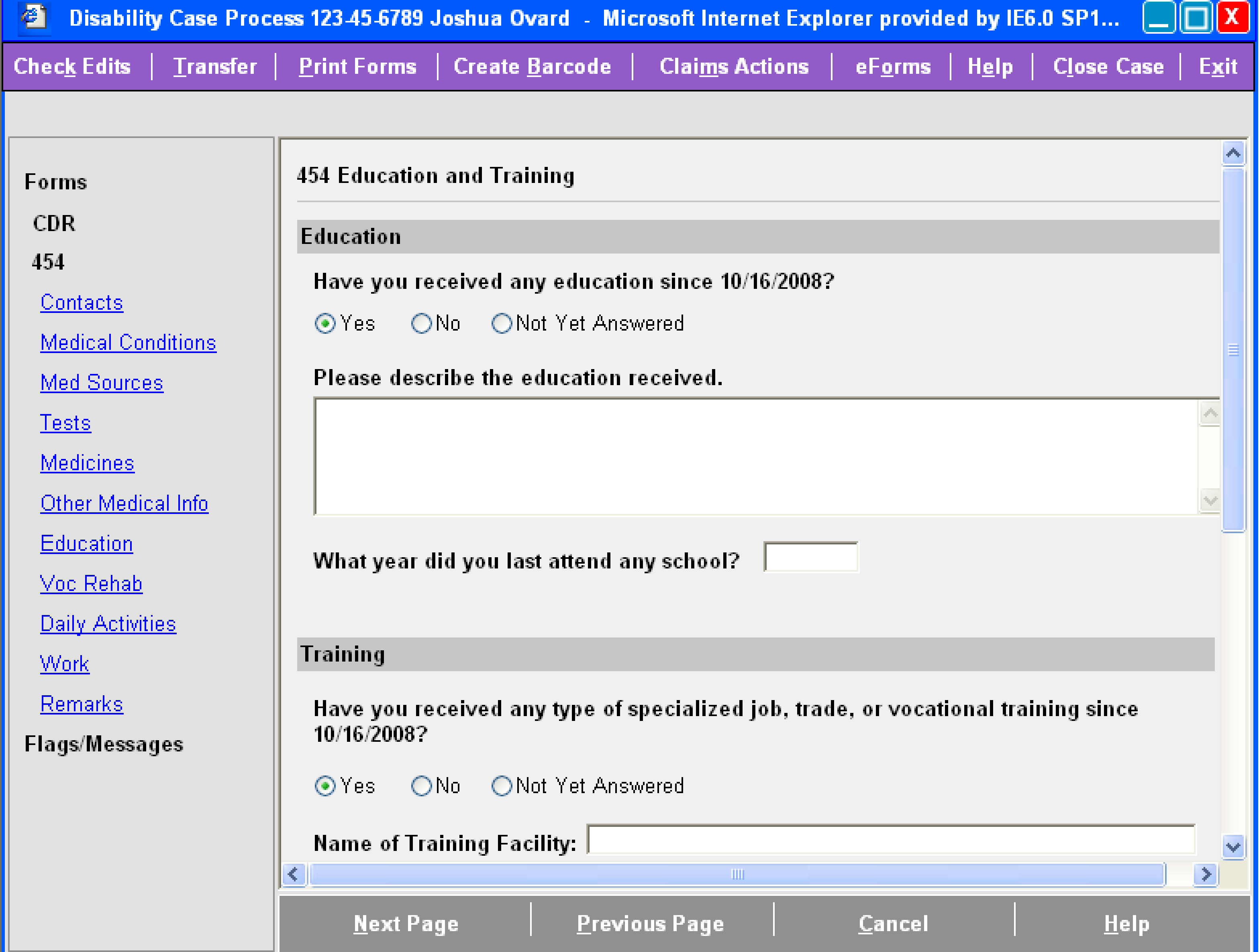
Education and Training

Initial View



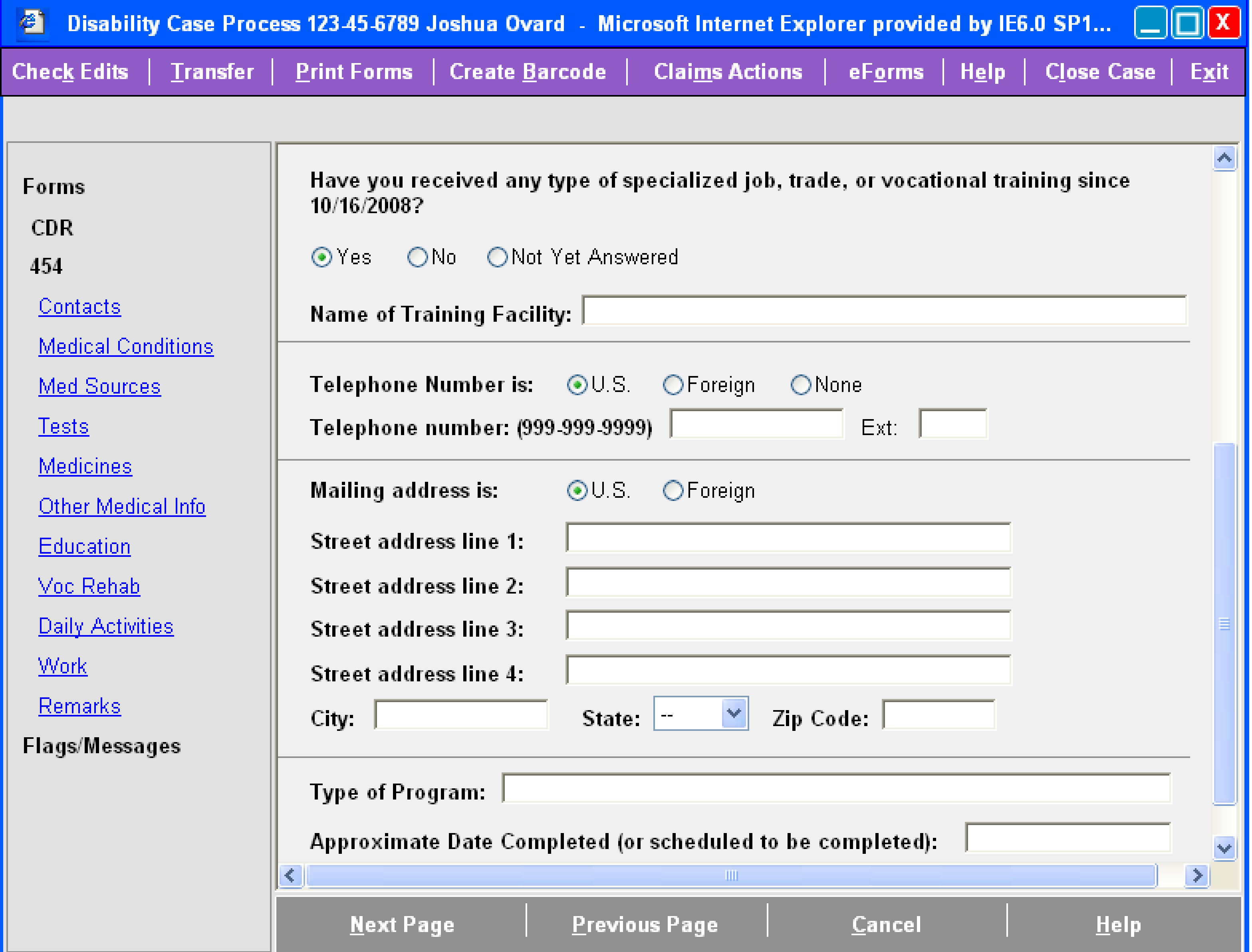
Education and Training, Part 1 of 2

User has indicated claimant received education and training



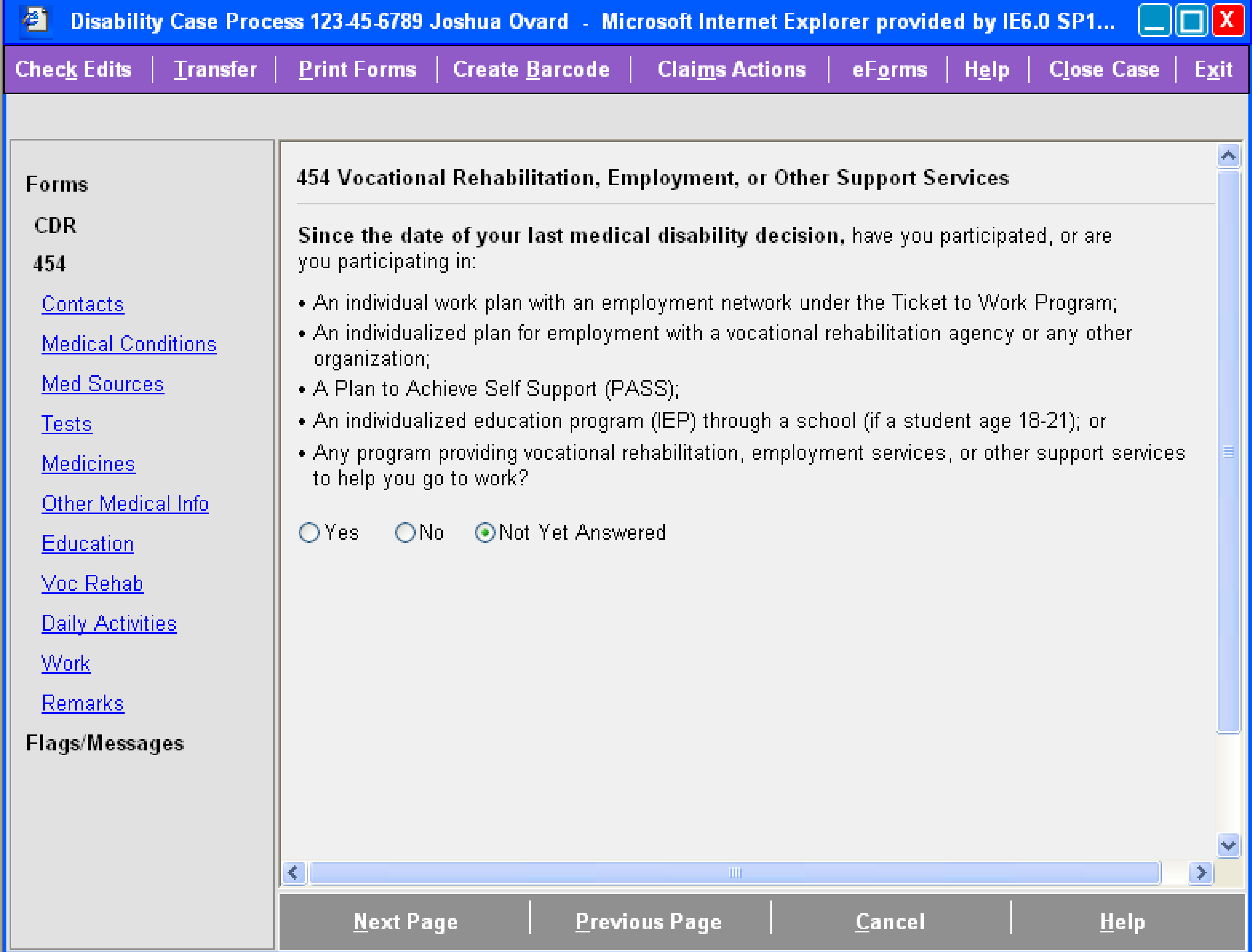
Education and Training, Part 2 of 2

User has indicated claimant received training



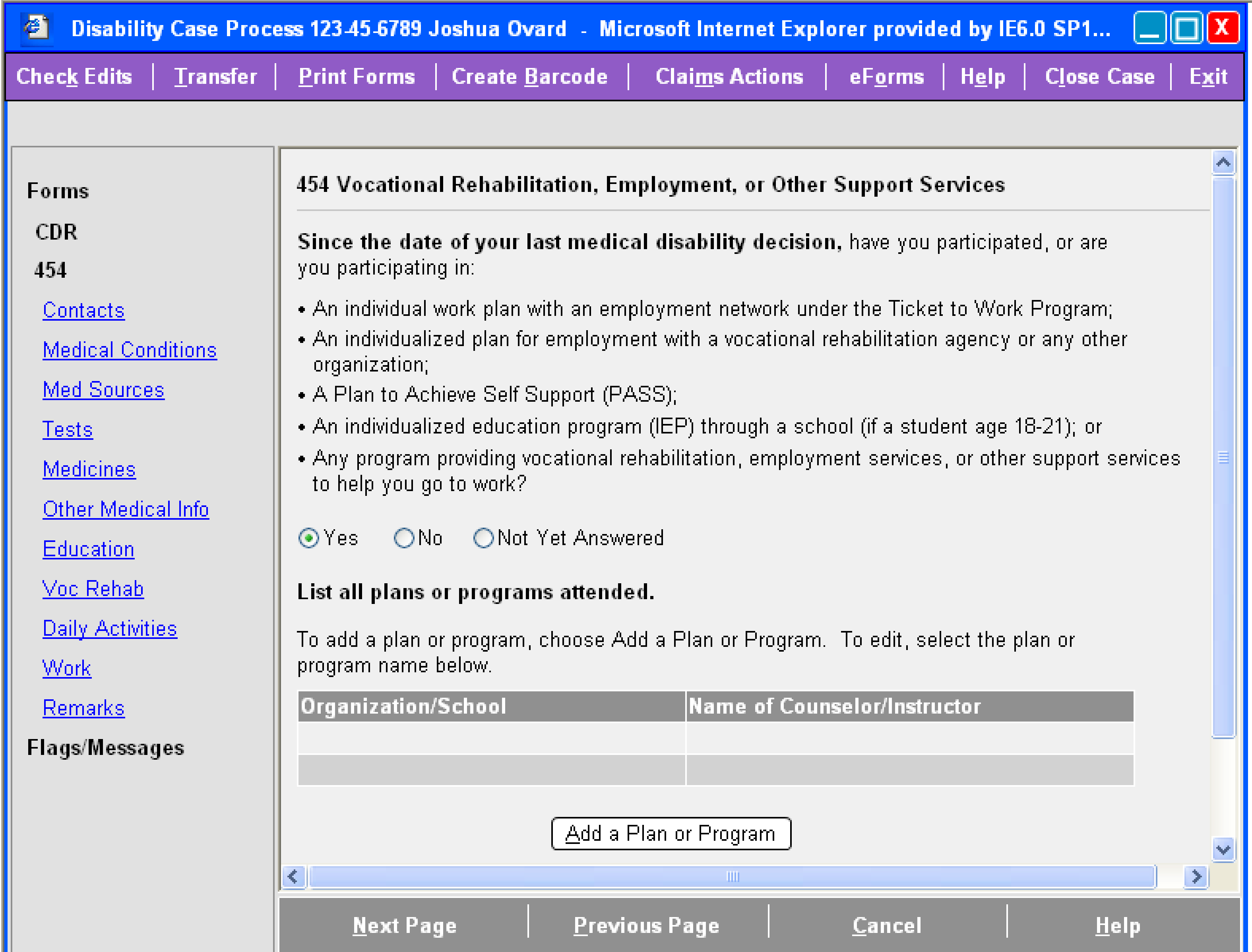
Vocational Rehabilitation, Employment, or Other Support Services

Initial View

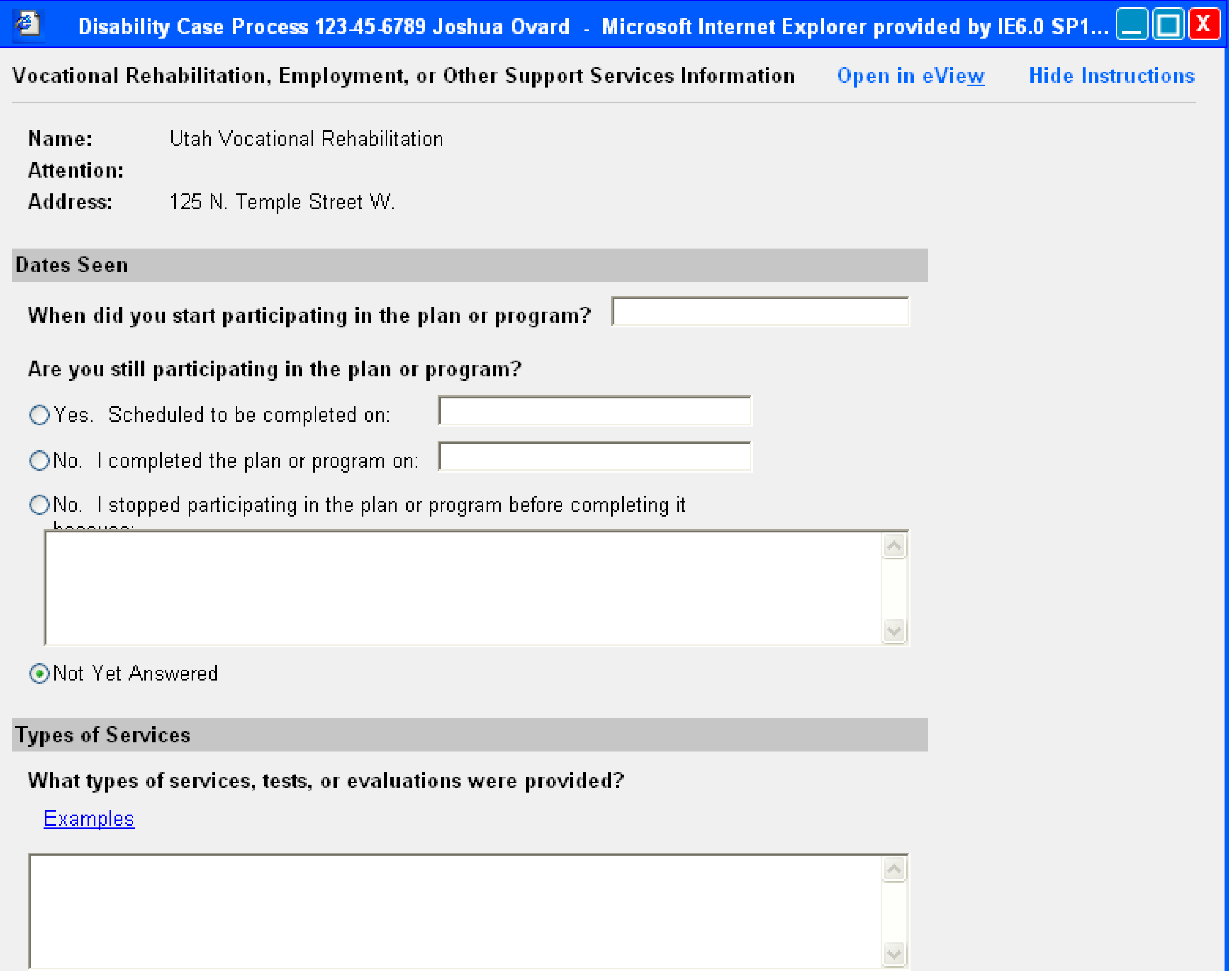


Vocational Rehabilitation

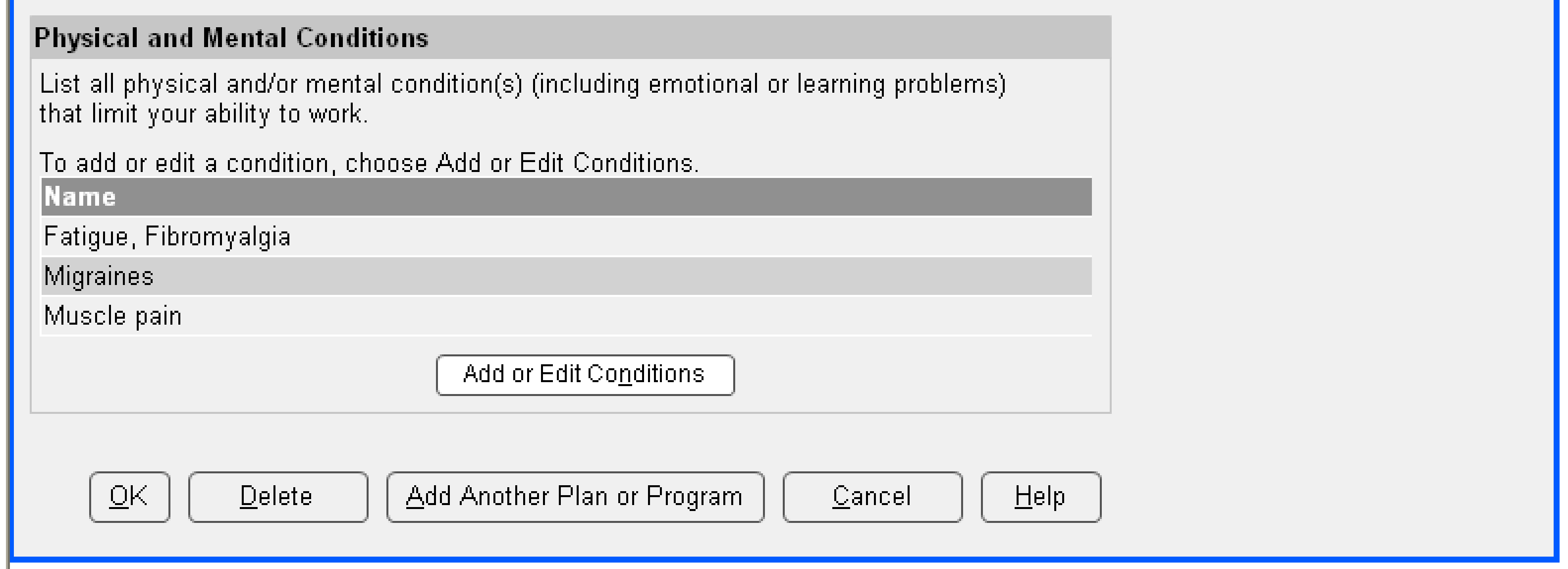
User has indicated claimant received vocational rehabilitation, but has not entered any



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

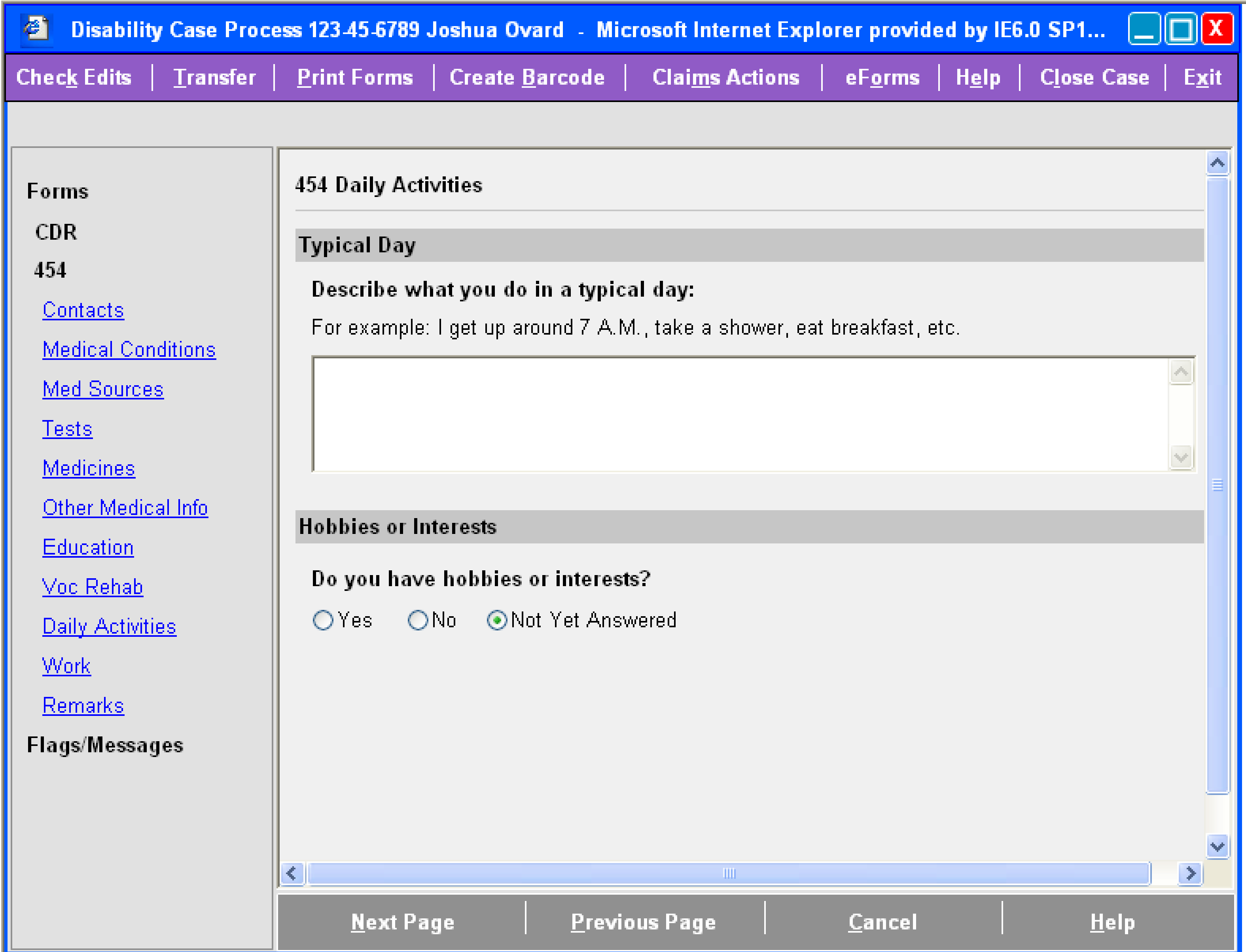


Vocational Rehabilitation, Employment, or Other Support Services Information, Part 2 of 2



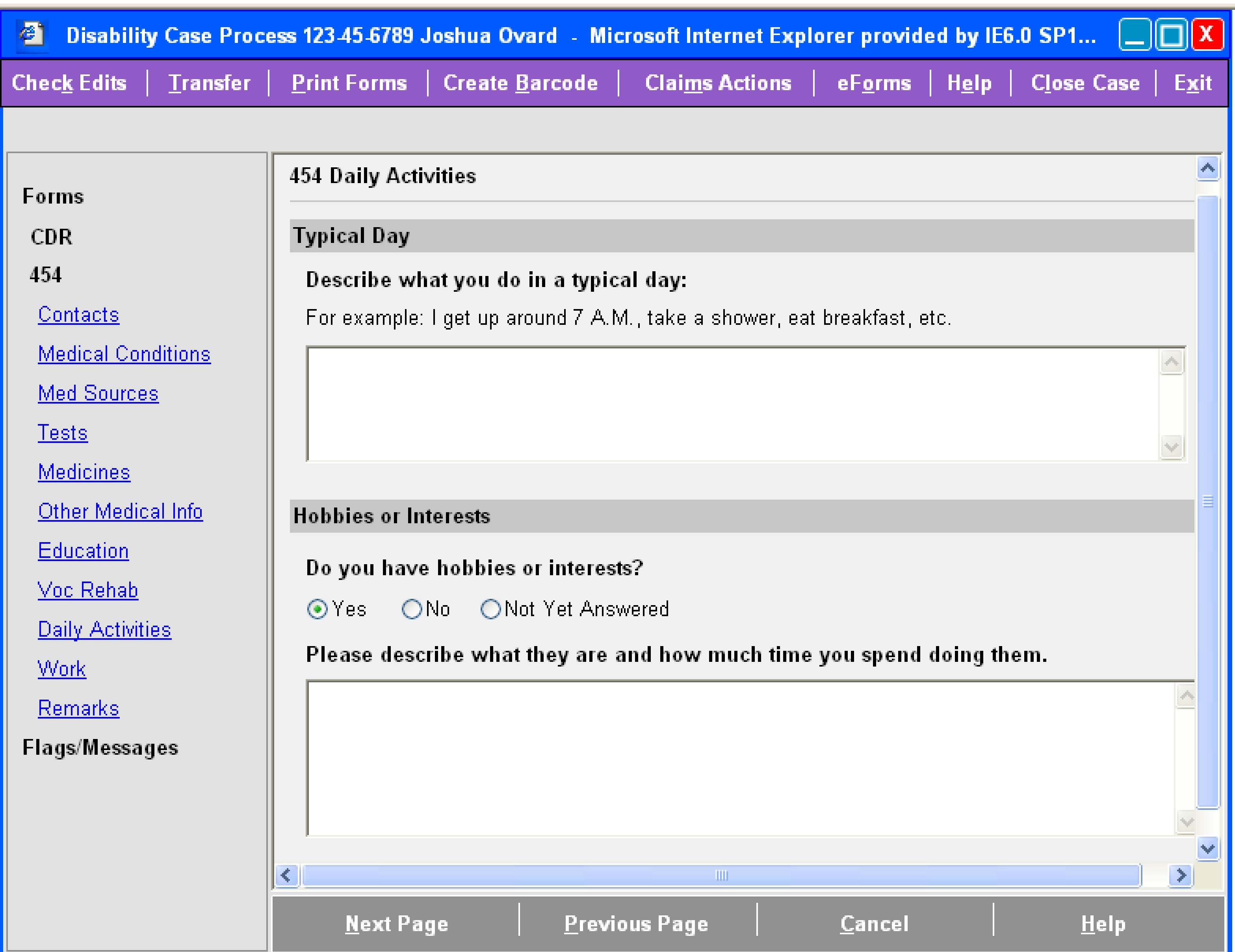
Daily Activities

Initial View



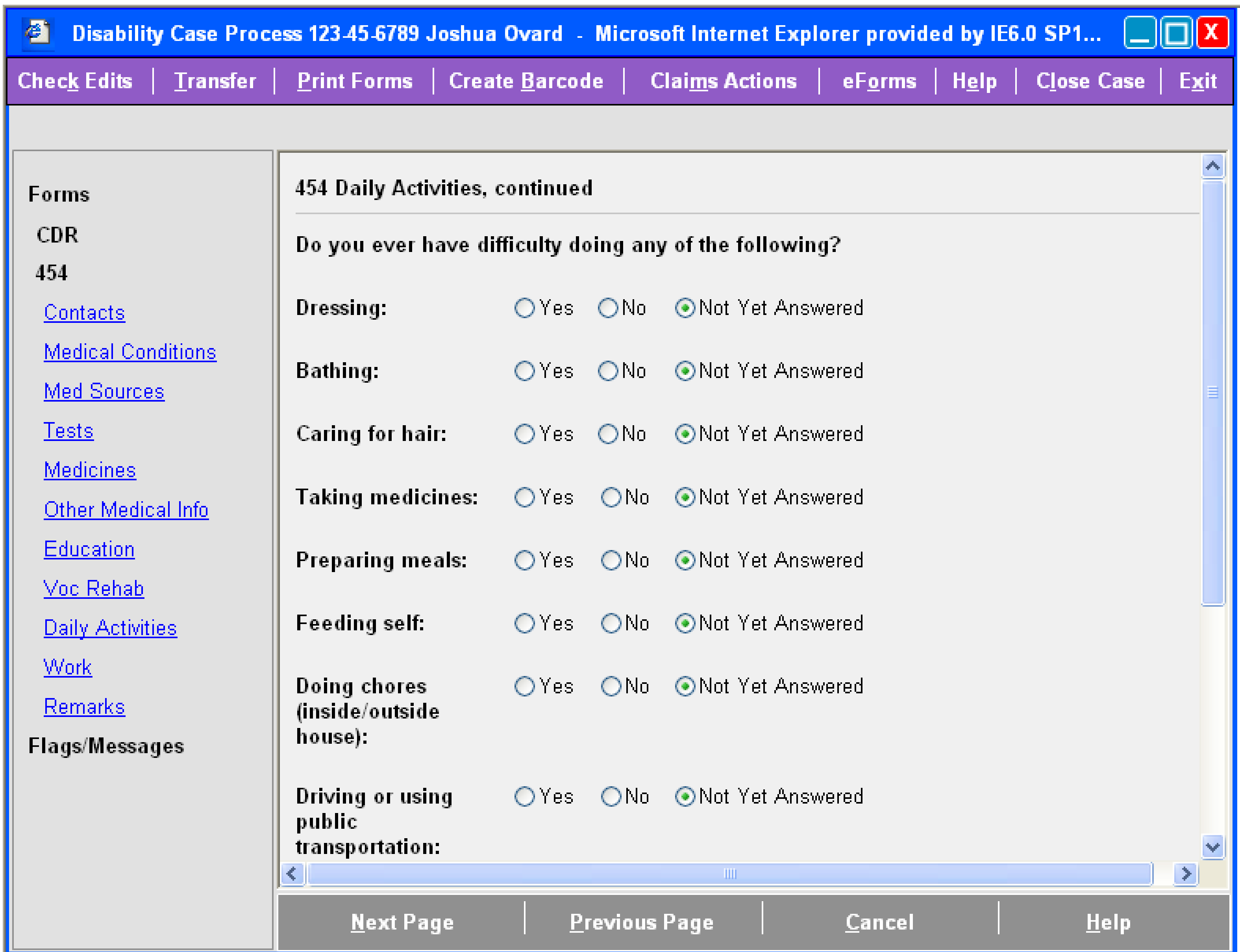
Daily Activities

User has indicated claimant has hobbies or interests



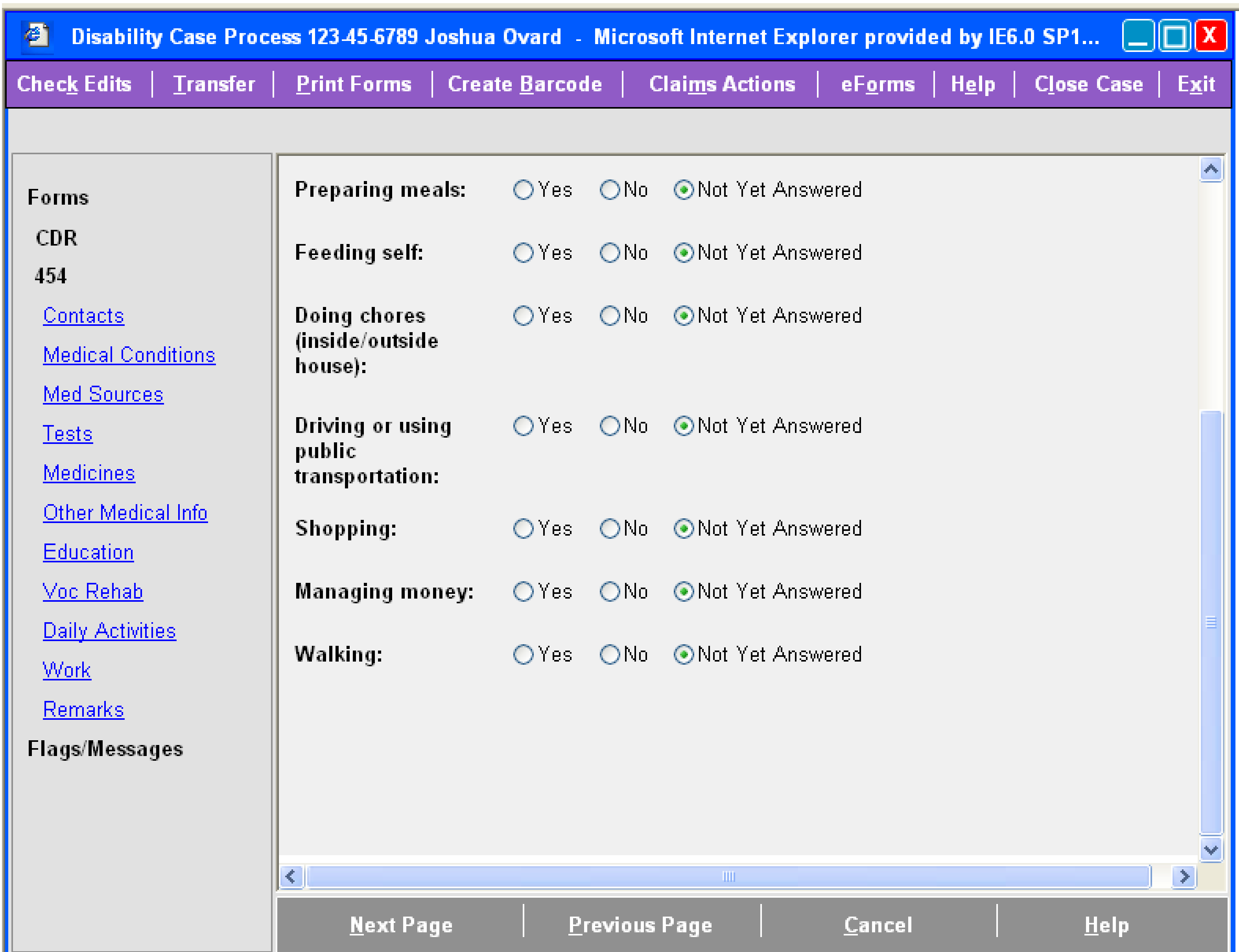
Daily Activities, continued, Part 1 of 2

Initial View



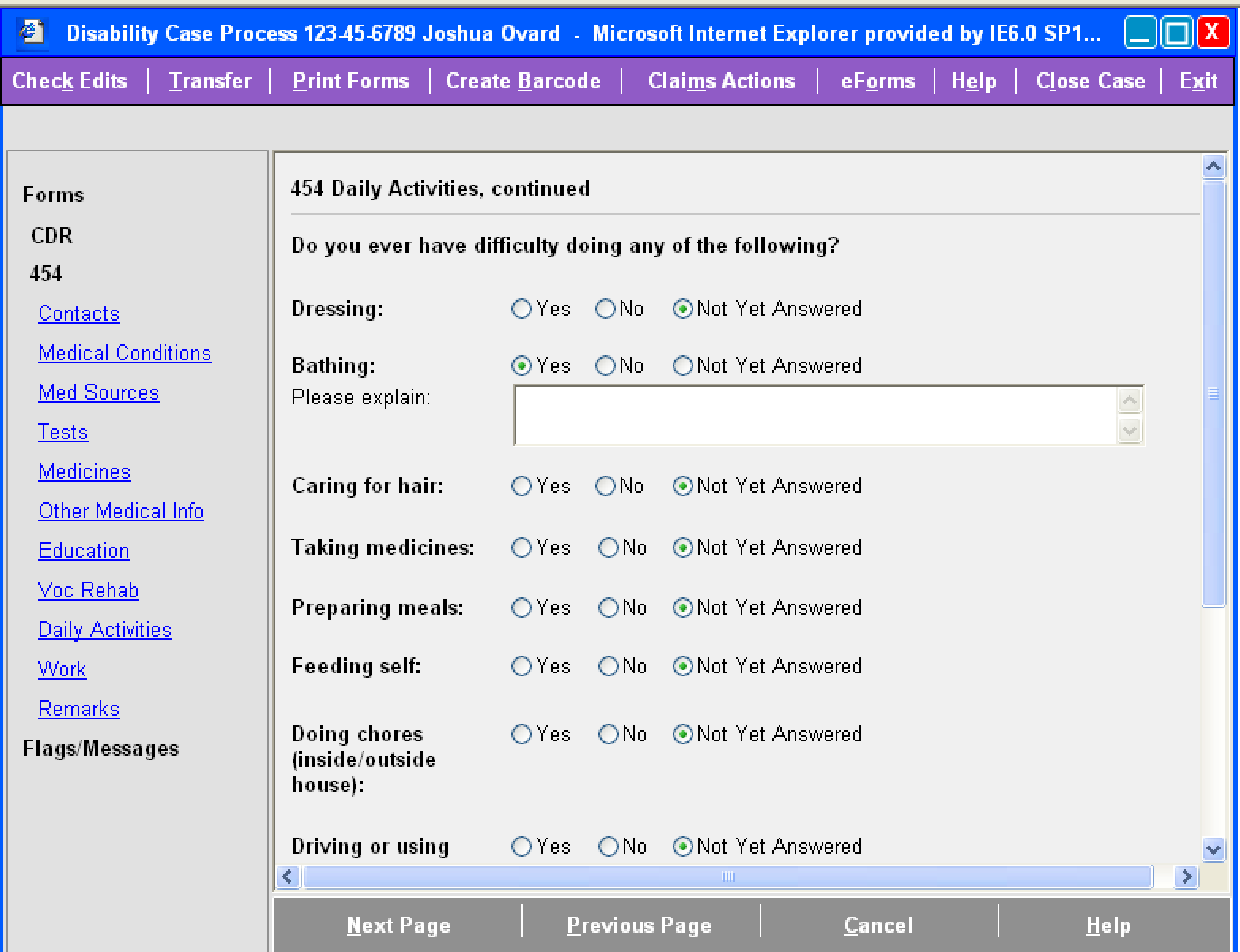
Daily Activities, continued, Part 2 of 2

Initial View

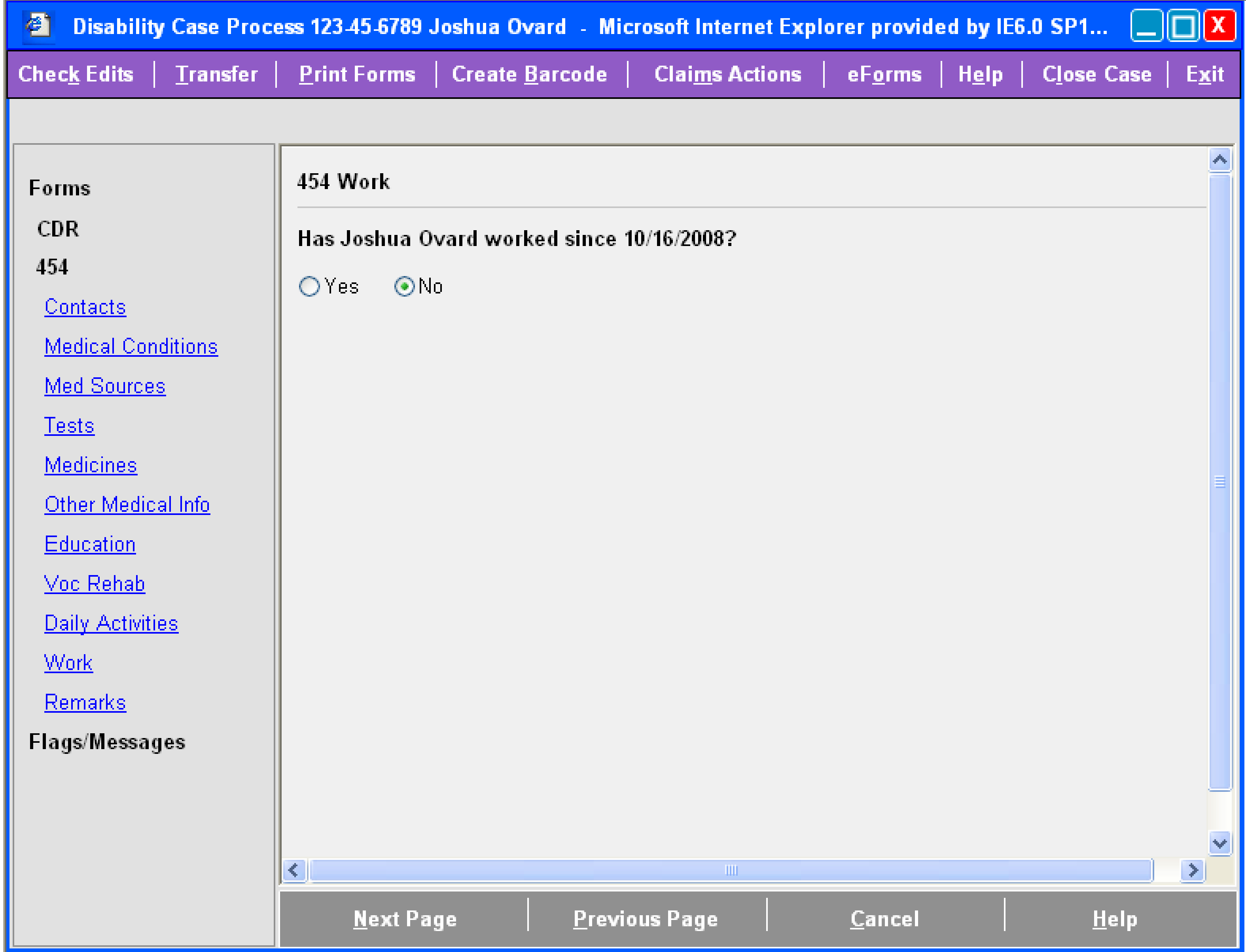


Daily Activities, continued

User has indicated claimant has difficulty bathing

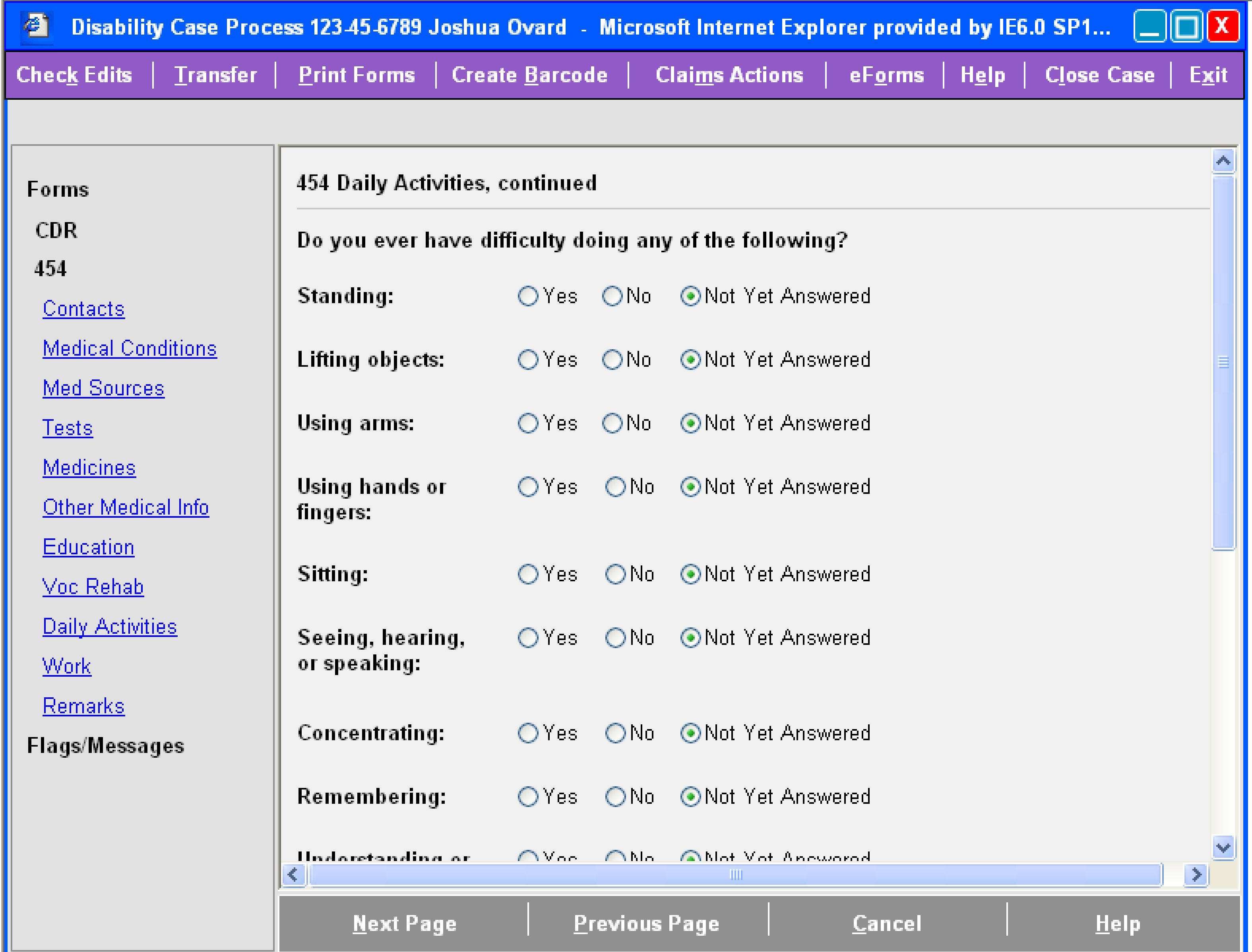


Work



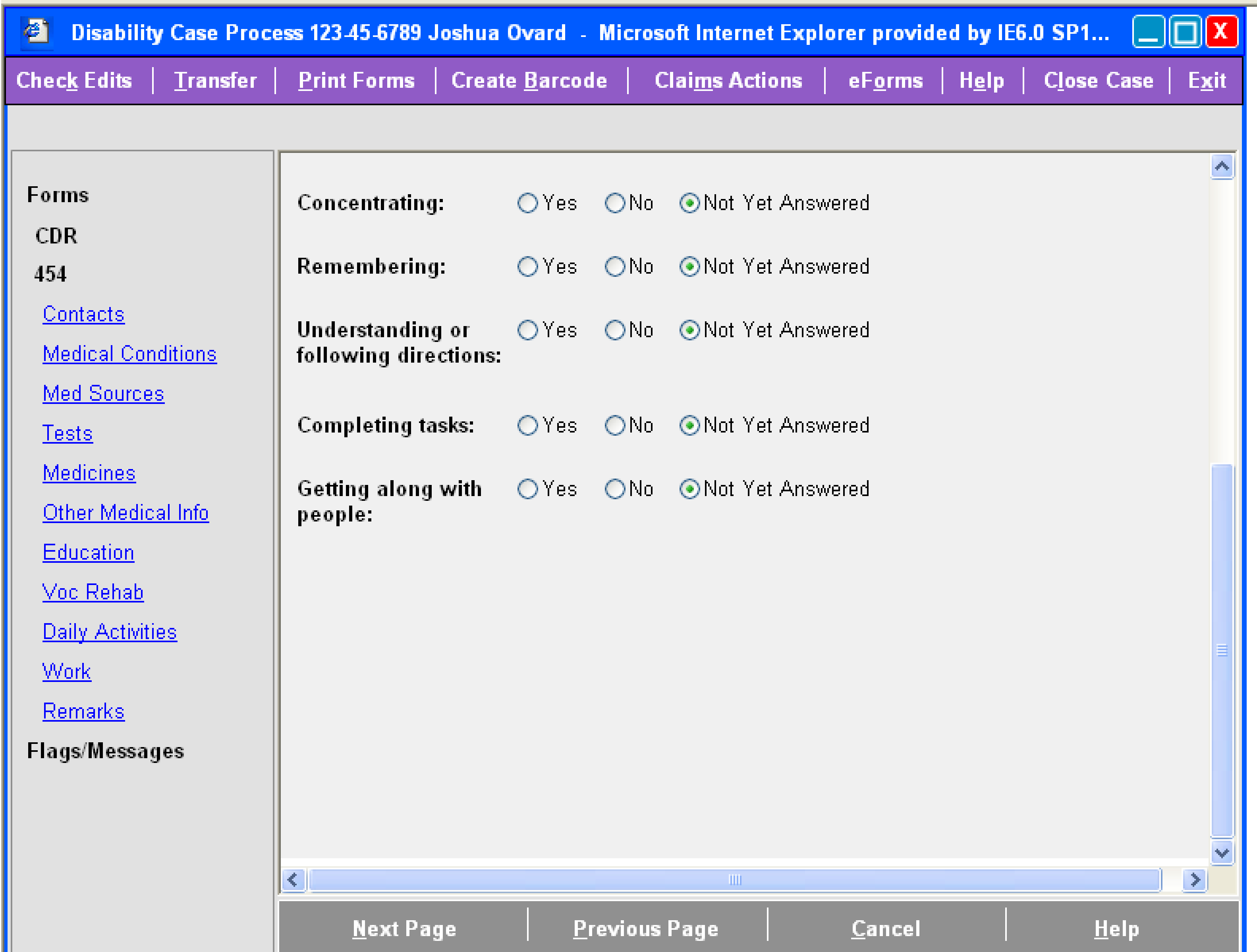
Daily Activities, cont 2, Part 1 of 2

Initial View



Daily Activities, cont 2, Part 2 of 2

Initial View



Remarks