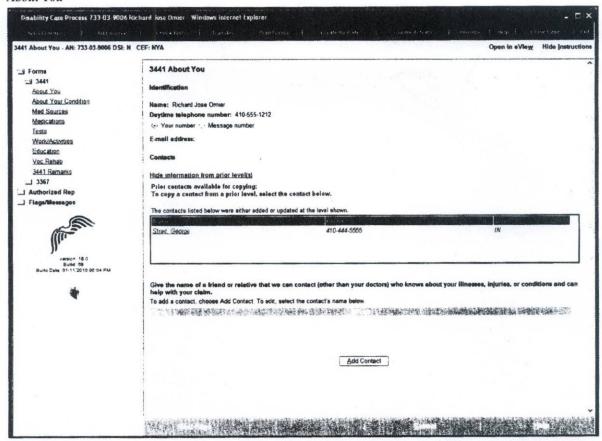
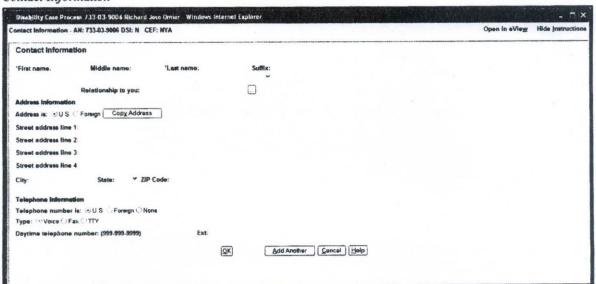
All EDCS 3441 Pages (in the order one sees them in the application.)

Section 1	2
About You	2
Contact Information	
Section 2	3
About Your Condition	
Section 3	4
Medical Sources	4
Other Names	
Doctor/HMO/ Therapist Information	5
Hospital Clinic Information	6
Other Source Information	
Section 4	
Medications	
Medication Information	8
Section 5	9
Tests	
Test Information	
Copy Test Info	
Section 6 & 7	11
Work Activities	
Section 8	12
Education	
Section 9	13
Voc Rehab	
Voc Rehab Info	14
Section 10	15
Remarks	

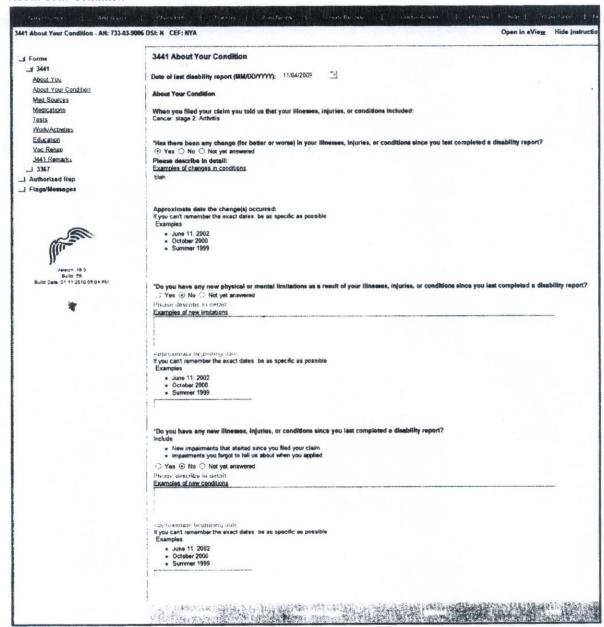
About You



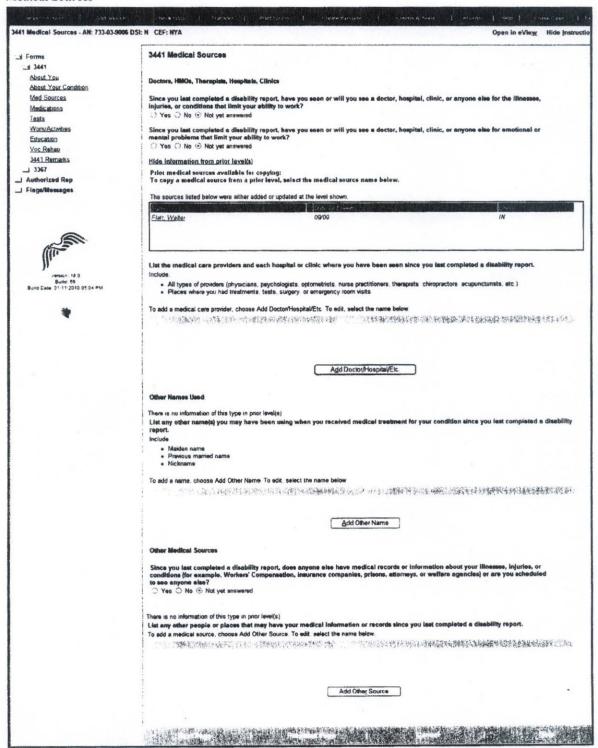
Contact Information



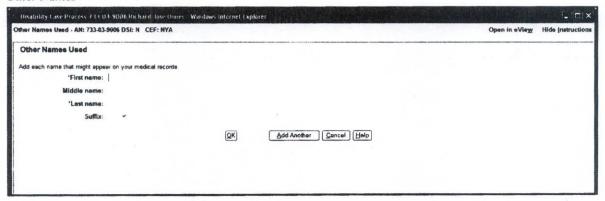
About Your Condition



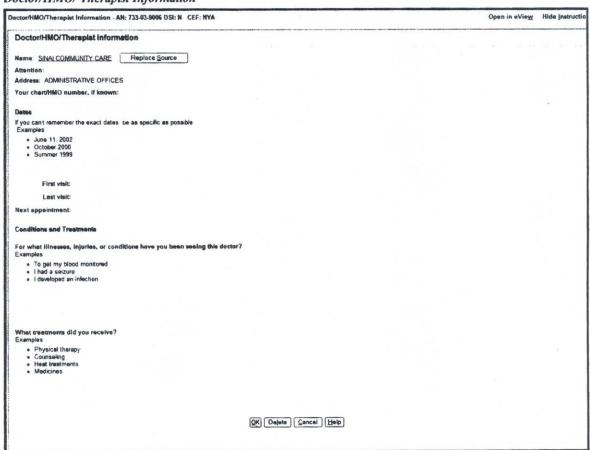
Medical Sources



Other Names



Doctor/HMO/ Therapist Information



Hospital Clinic Information

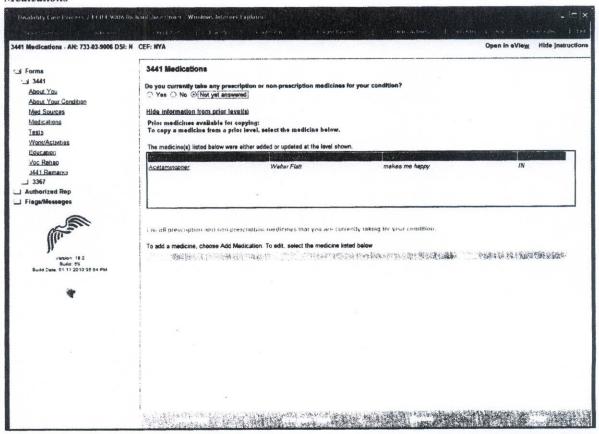
pepitsI/Clinic Information - AN: 733-93-906 DSI: N CEF: NYA	Open in eView	Hide Instruct
Hospital/Clinic Information		
Name: UNION MEMORIAL HOSPITAL Replace Source		
Attention:		
Address: 201 E UNIVERSITY PKWY RM 103		
Your hospital/clinic number, if known:		
What doctor(s) do you see at this hospital/clinic on a regular basis?		
Conditions and Treatments		
Why did you go to the hospital? Examples		
To get my blood monitored		
I had a seizure I fell off a ladder at work I fell off a ladder at work		
What treatments did you receive?		
(For outpatient care, include the location within the hospital if possible.)		
Physical therapy at the Rehab Clinic		
Blood transfusion Surgery		
Surgary Champtolerapy at the Oncology Clinic		
Striches		
Dates		
URIUS .		
Enter dates for all types of visits that apply if you can't remember the exact dates, be as specific as possible. Dates must include a year. Examples		
+ June 11 2002		
 October 2000 Summer 1999 		
Did you have inpetient stays in this facility? ○ Yes ○ No		
If more than three give the most recent ones		
Date out i		
Date out:		
Sile out		
Did you have outpetient visits in this facility? O Yes O No 🏵 Not yet answered		
Consideration and		
doce the algebra ast		
Did you have a second visite in this facilities? () Yes () No. (c) No. (c) No. (c)		
Did you have emergency room visits in this facility? Yes No. No. Not yet answered Secret as to receive wedgency come visits.		

Other Source Information

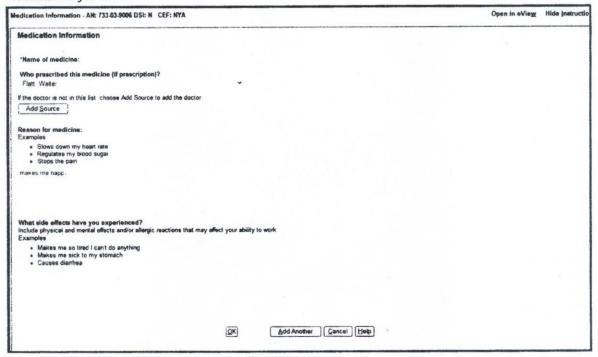
Other Source Information - AN: 733-93-9006 DSI: N CEF: NYA	Open in eView	Hide Instructio
Other Source Information		
Name: HOME HEALTH CORP OF AMERICA Replace Source		
Address: 100A BATEMAN ST		
Your case/claim number, if known:		
Detre		
If you can't remember the exact dates, be as specific as possible Examples		
June 11 2002 October 2000 Summer 1999		
First visit:		
Less visit.		
Next appointment:		
Resons for Visits		
Why have you been seeing this organization?		
QK Dejete Cancel Help		

Section 4

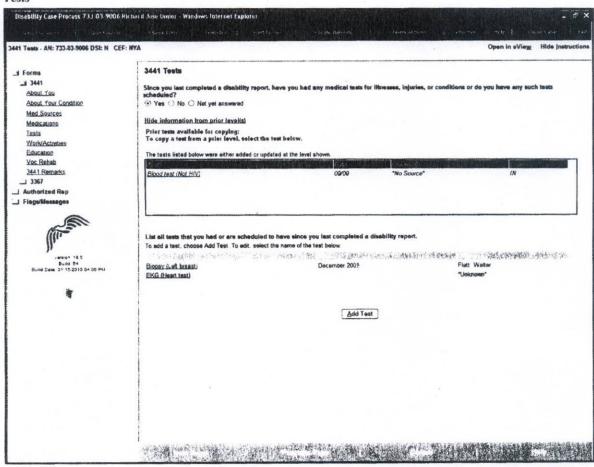
Medications



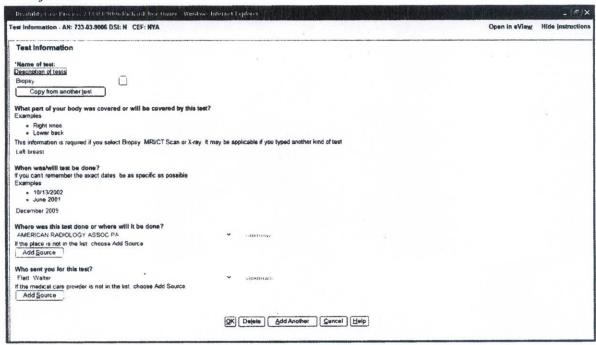
Medication Information



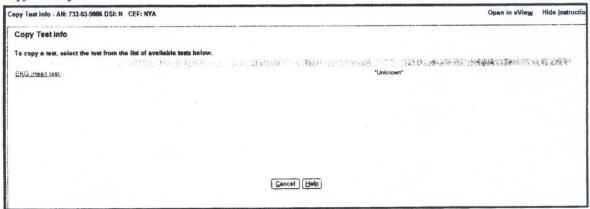
Tests



Test Information

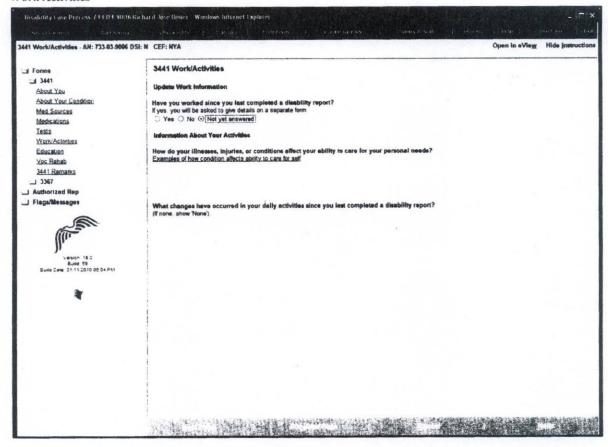


Copy Test Info

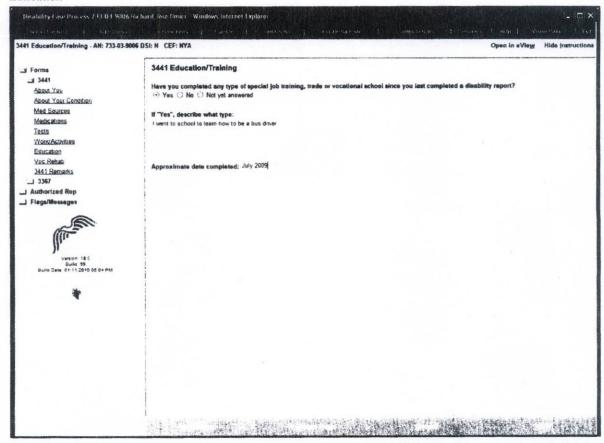


Section 6 & 7

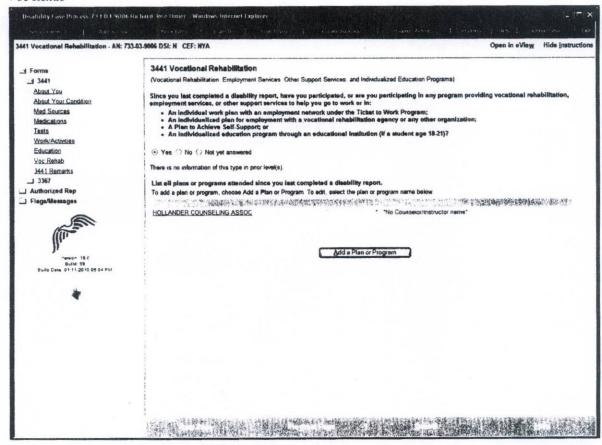
Work Activities



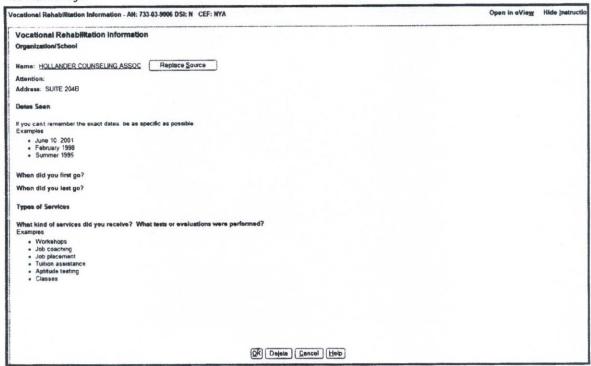
Education



Voc Rehab



Voc Rehab Info



Remarks

