

**CLAIMANT'S RECENT MEDICAL TREATMENT**

**A. To be completed by hearing office**

(Claimant and Social Security Number)	(Wage Earner and Social Security Number) (Leave blank if same as claimant)	The last time we brought your case up-to-date was:
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**B. To be completed by claimant**

**PLEASE PRINT**

**Please Answer the Following Questions:**

(1) Have you been treated or examined by a doctor (other than a doctor at a hospital) since the above date?  Yes  No

*(If yes, please list the name, addresses and telephone numbers of doctors who have treated or examined you since the above date. Also list dates of treatment or examination. If possible, send updated reports from these doctors to the Administrative Law Judge prior to the date of your hearing.)*

DOCTORS' NAME(S)	ADDRESS(ES) & TELEPHONE NO.(S)	DATE(S)

(2) What have these doctors told you about your condition?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(3) Have you been hospitalized since the above date?  Yes  No

*(If yes, please list the name and address of the hospital. Also explain why you were hospitalized and what treatment you received.)*

Name of Hospital	Address of Hospital (Include ZIP Code)
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Reason for hospitalization:

\_\_\_\_\_

Treatment received:

\_\_\_\_\_

## Privacy Act Statement

### Collection and Use of Personal Information

See revised Privacy Act Statement

~~Sections 205, 1631(d)(1), and 1872 of the Social Security Act, as amended authorize us to collect this information. We will use this information to evaluate your reason for failing to appear at your scheduled hearing.~~

~~Furnishing us this information is voluntary. However, failing to provide us with all or part of the requested information may affect our ability to re-evaluate the decision on your claim.~~

~~We rarely use the information you supply for any purpose other than for determining problems in Social Security programs. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:~~

- ~~1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;~~
- ~~2. To comply with Federal Laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans' Affairs);~~
- ~~3. To make determinations for eligibility in similar health and income maintenance programs as at the Federal, State, and local level; and~~
- ~~4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.~~

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

~~A complete list of routine uses for this information is available in our Systems of Records Notices, 60-0009, Hearings and Appeals Case Control System, and 60-0010, Hearing Office Tracking System of Claimant Cases. These notices, additional information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security Office.~~

See revised PRA

**Paperwork Reduction Act Statement** - ~~This information collection meets the requirements of 5 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0292. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. *Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*~~

***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), 702, 1631(e)(1)(A) and (B), and 1869(b)(1) and (C) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine whether we need additional information regarding your treatments or conditions.

The information you provide on this form is voluntary. However, failing to provide this information may prevent you from receiving benefits under the Social Security Act.

We generally use the information you supply to determine eligibility for benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Claims Folders Systems, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at <http://www.socialsecurity.gov> or at your local Social Security office.

*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 Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*