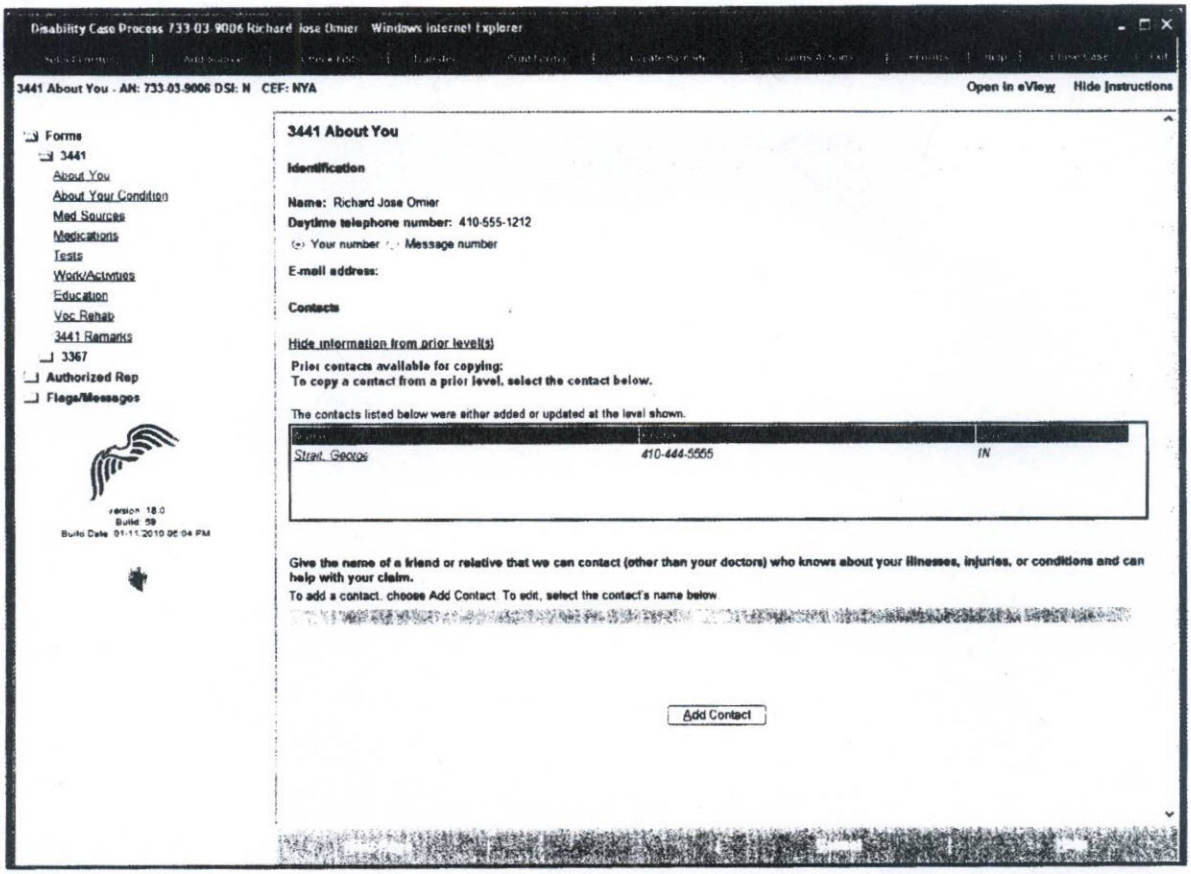
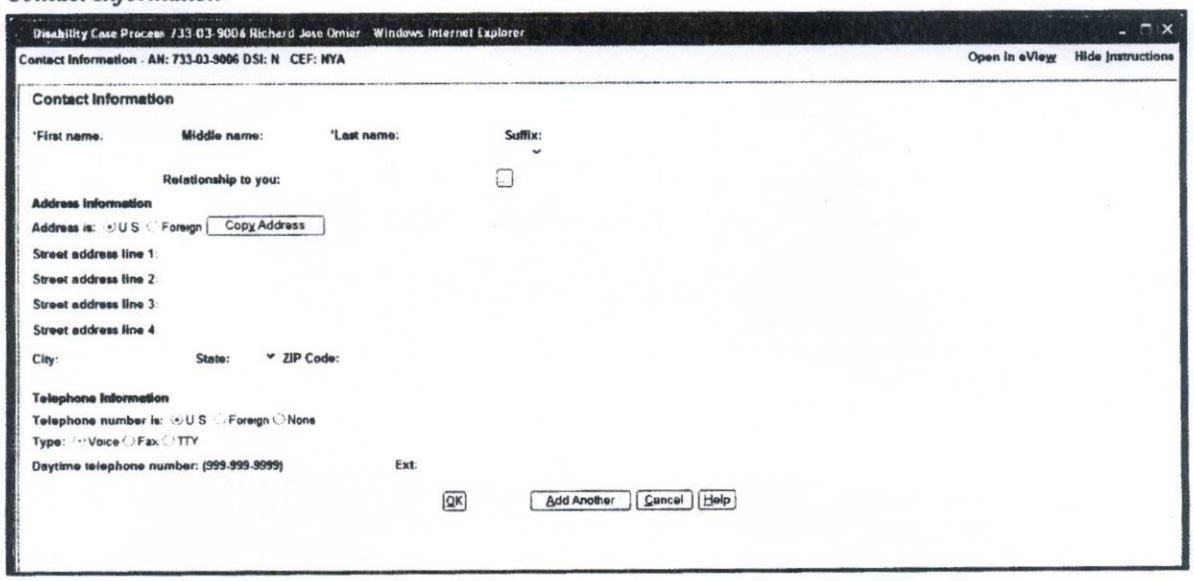
All EDCS 3441 Pages *(in the order one sees them in the application.)*

Section 1

About You

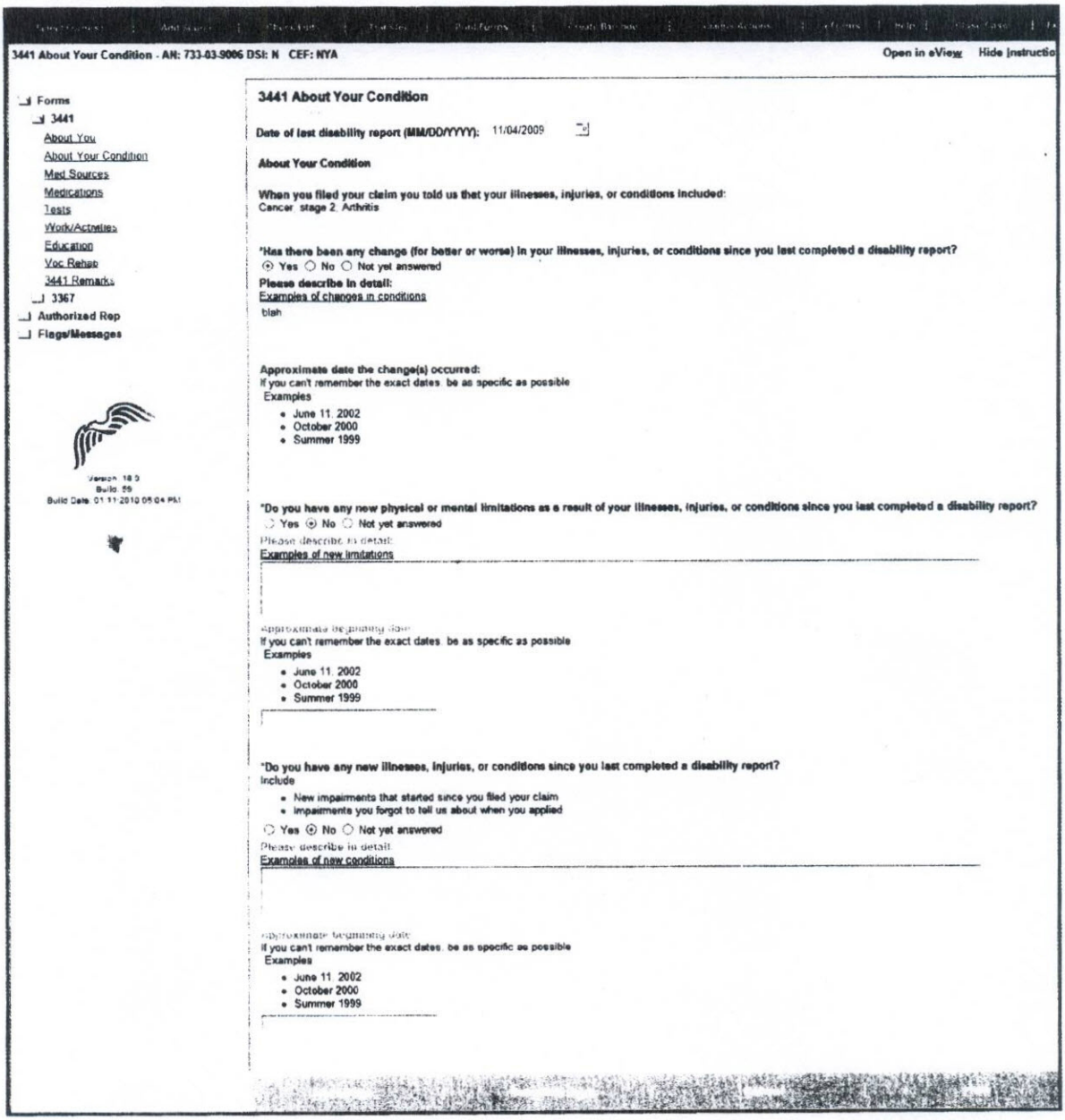


Contact Information



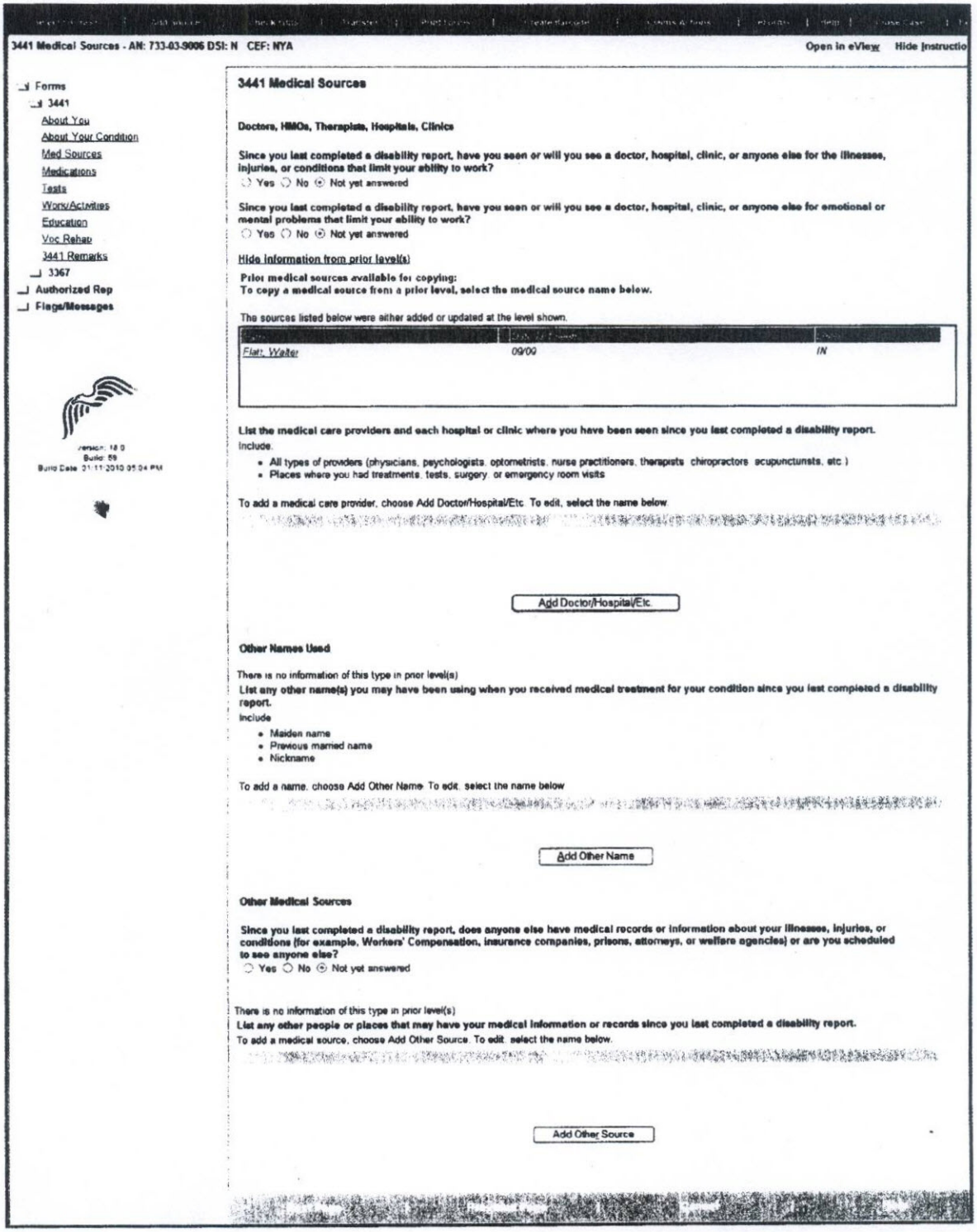
Section 2

About Your Condition

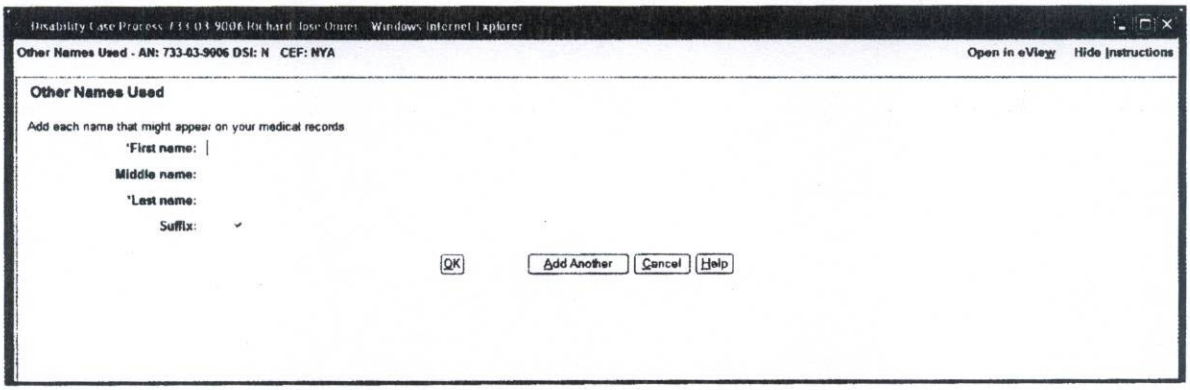


Section 3

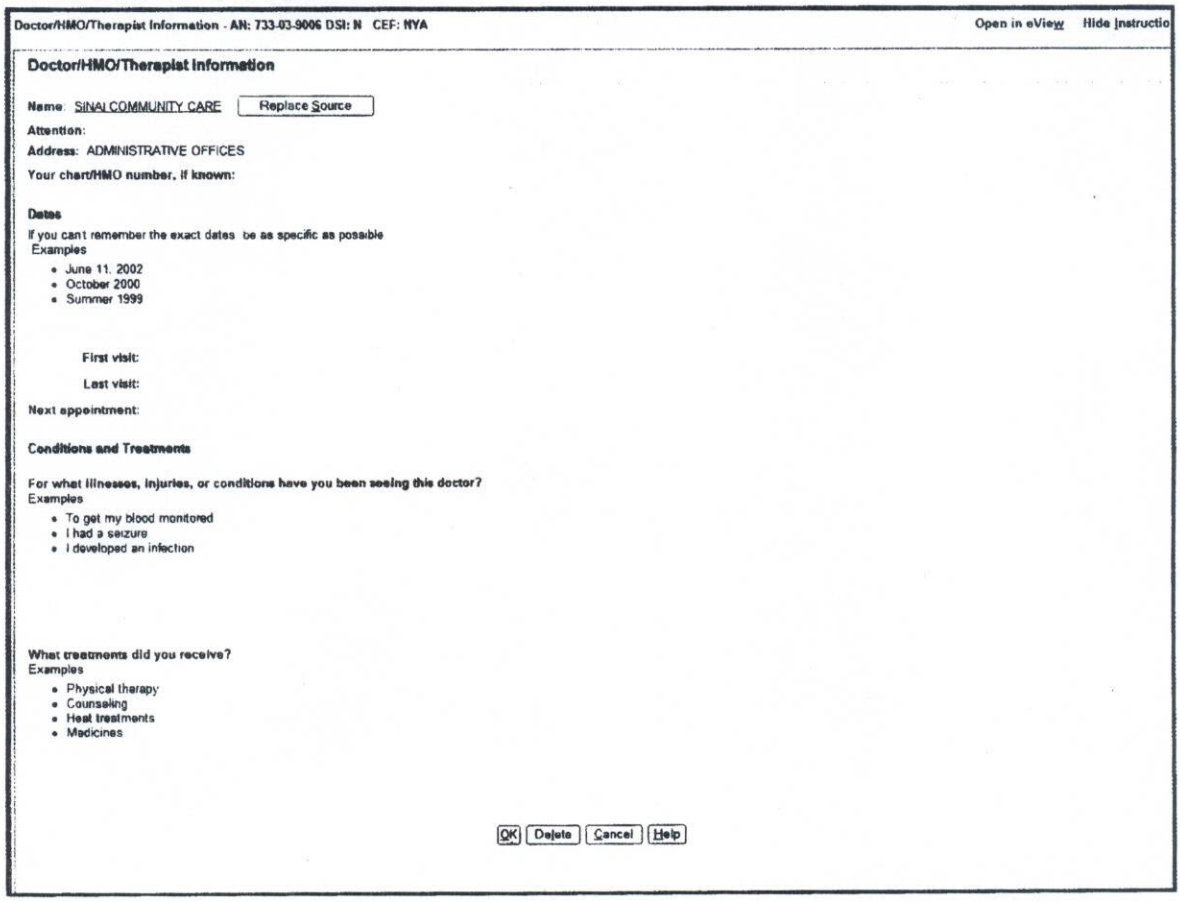
Medical Sources



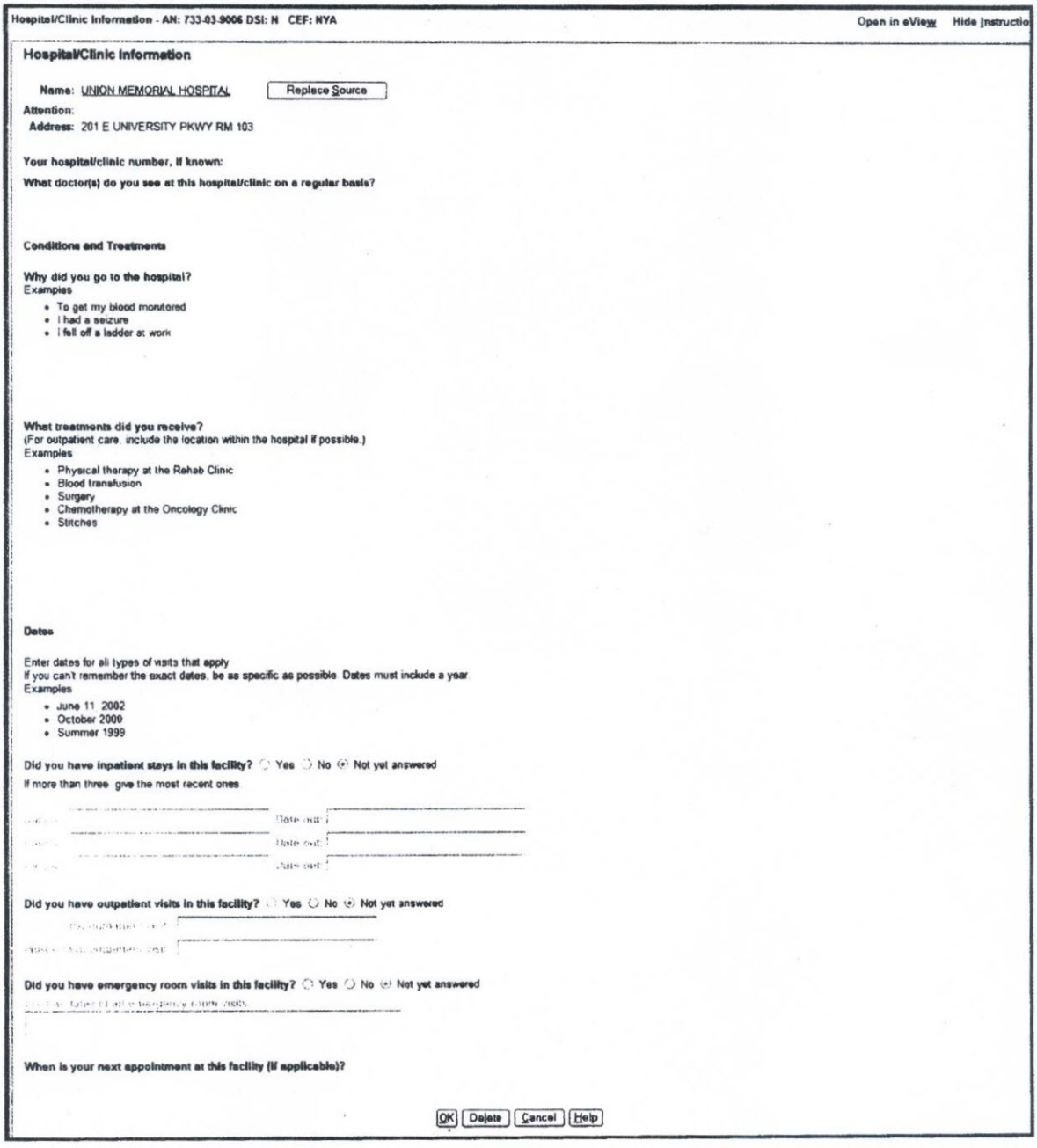
Other Names



Doctor/HMO/ Therapist Information



Hospital Clinic Information



Hospital/Clinic Information - AN: 733-03-9006 DSI: N CEF: NYA

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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

What treatments did you receive?
(For outpatient care, include the location within the hospital if possible.)
Examples
- Physical therapy at the Rehab Clinic
- Blood transfusion
- Surgery
- Chemotherapy at the Oncology Clinic
- Stitches

Dates

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 inpatient stays in this facility? Yes No Not yet answered

If more than three, give the most recent ones

Date out:

Date out:

Date out:

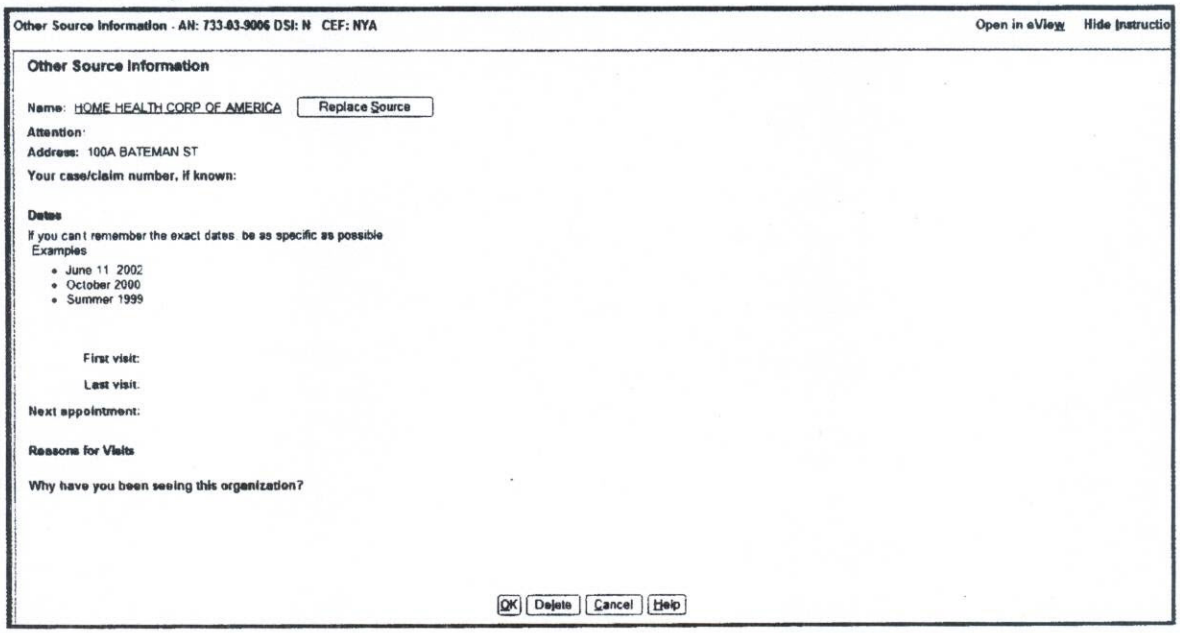
Did you have outpatient visits in this facility? Yes No Not yet answered

Did you have emergency room visits in this facility? Yes No Not yet answered

When is your next appointment at this facility (if applicable)?

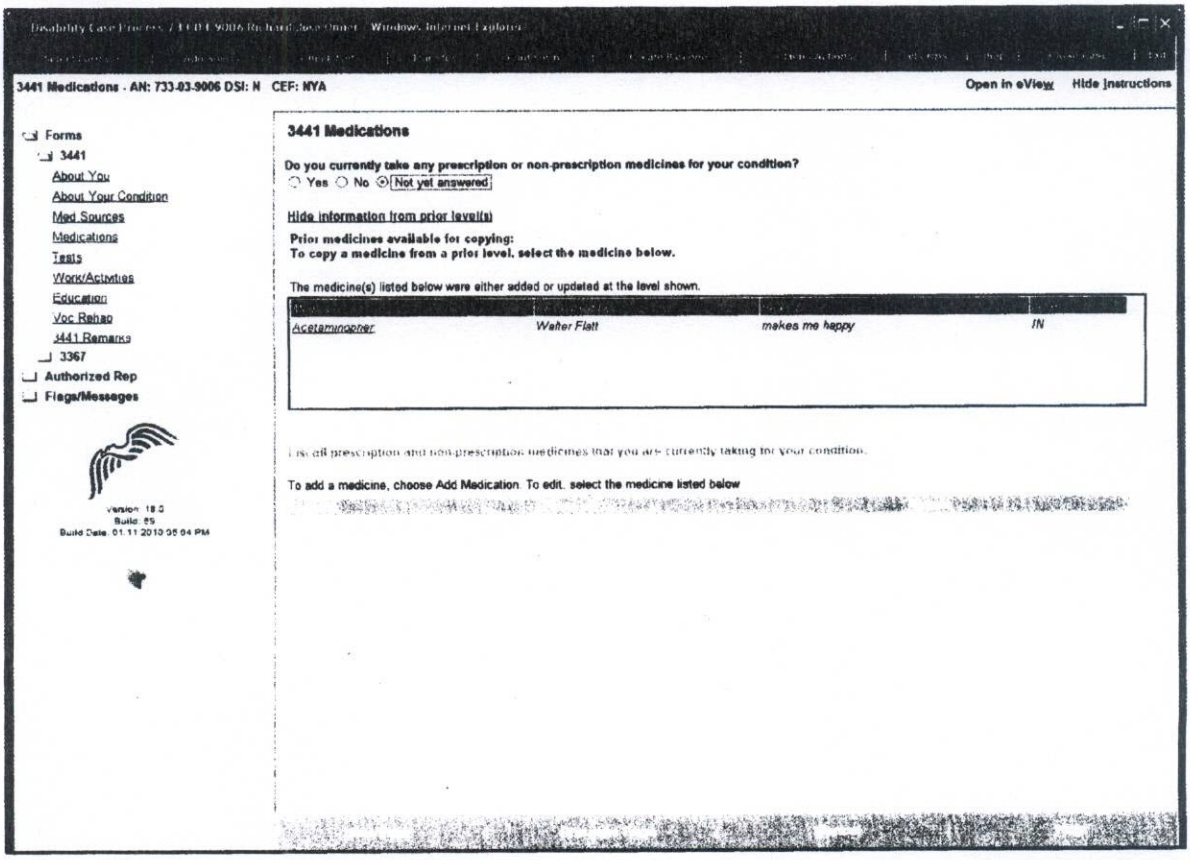
OK Delete Cancel Help

Other Source Information

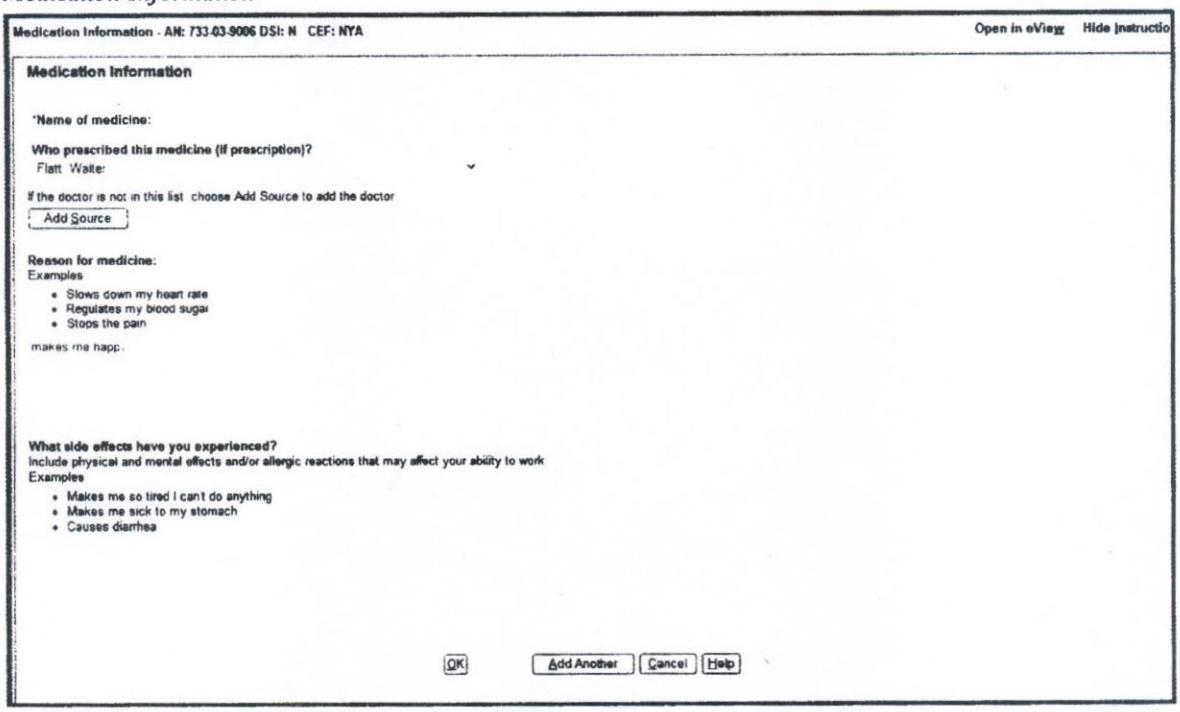


Section 4

Medications

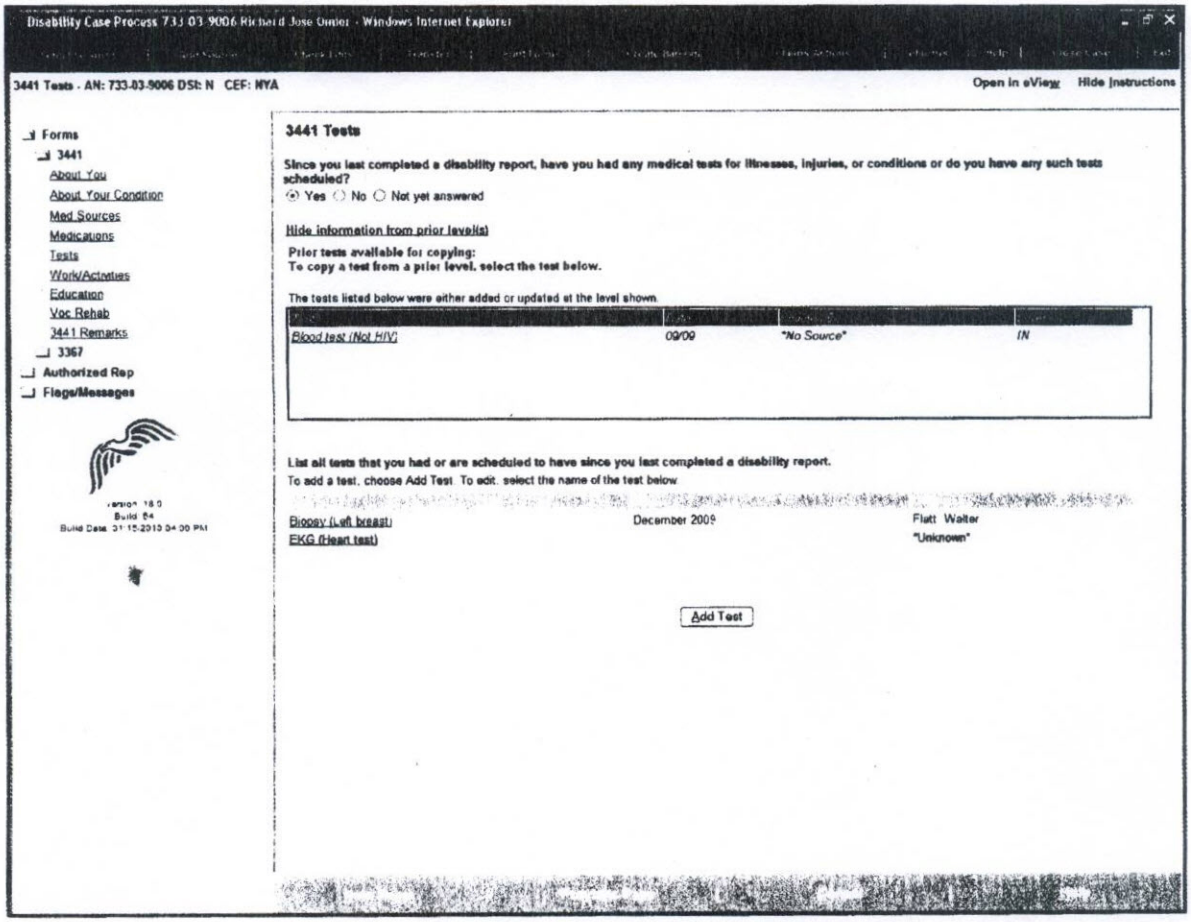


Medication Information

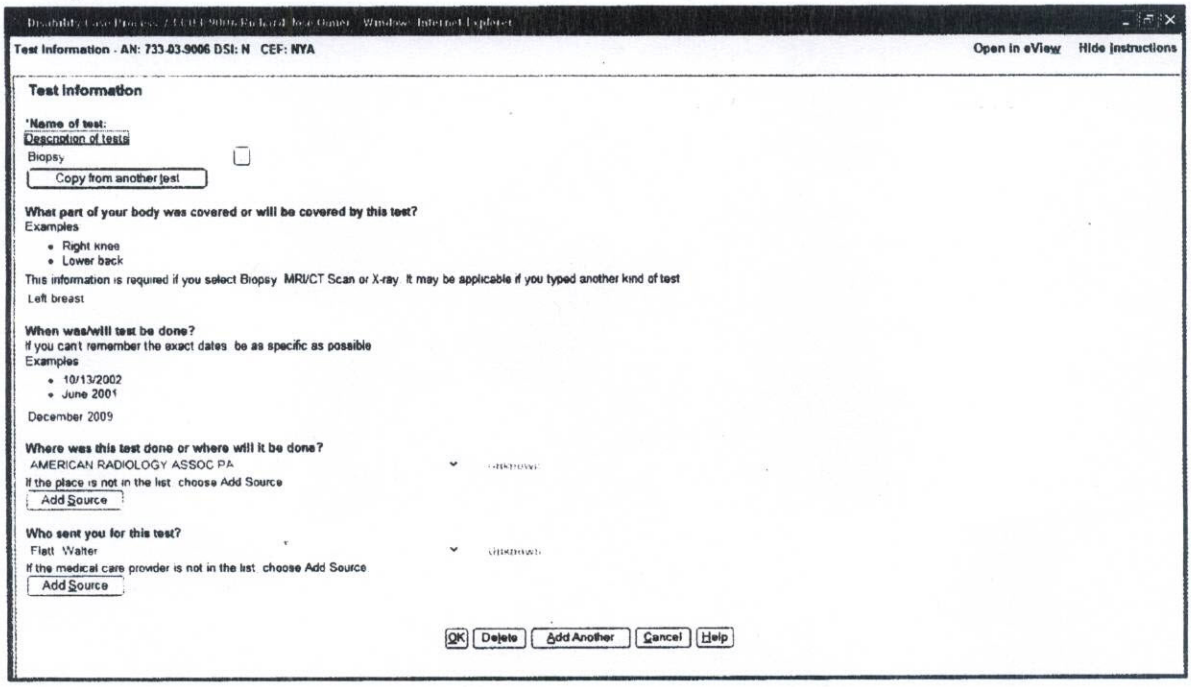


Section 5

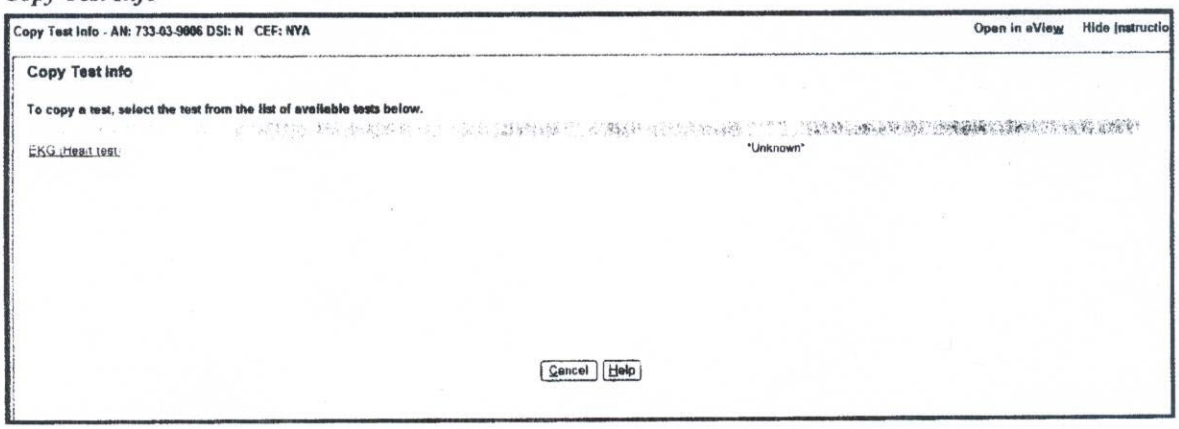
Tests



Test Information

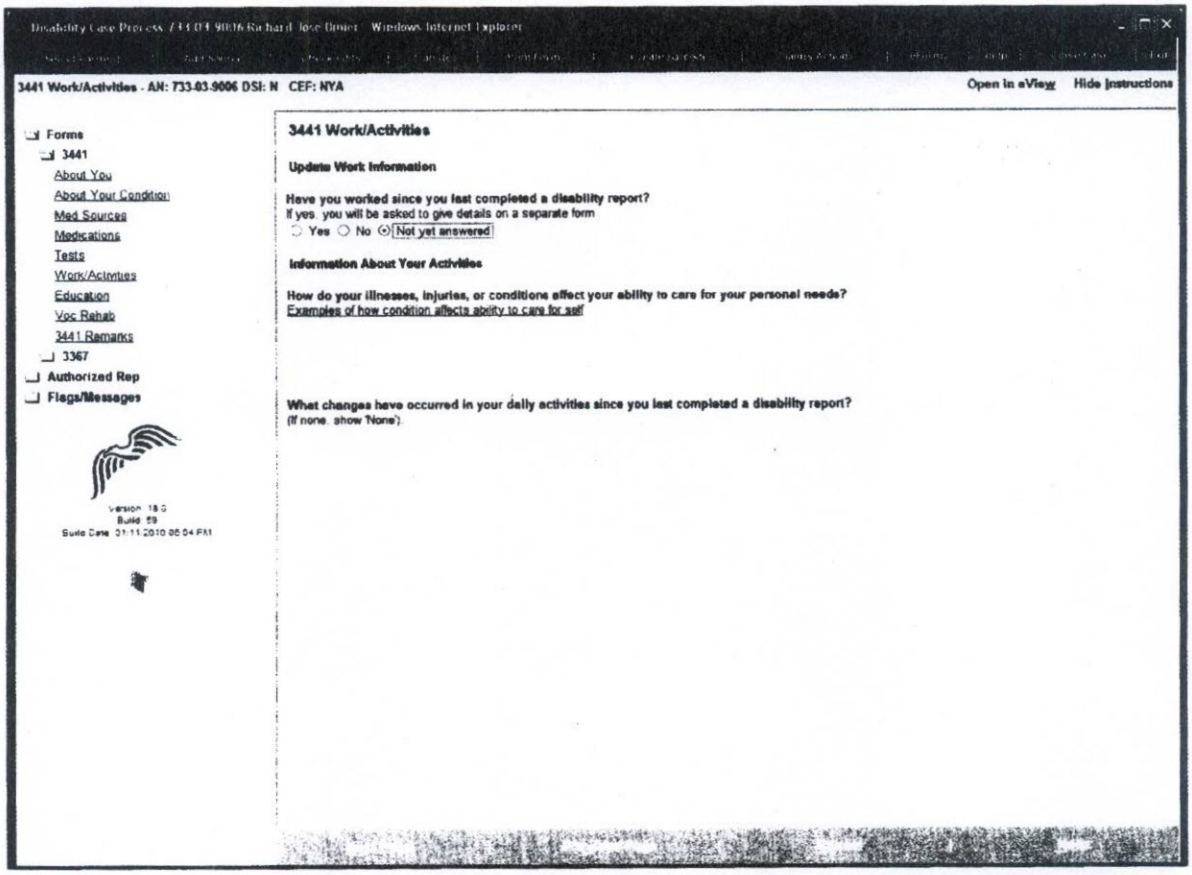


Copy Test Info



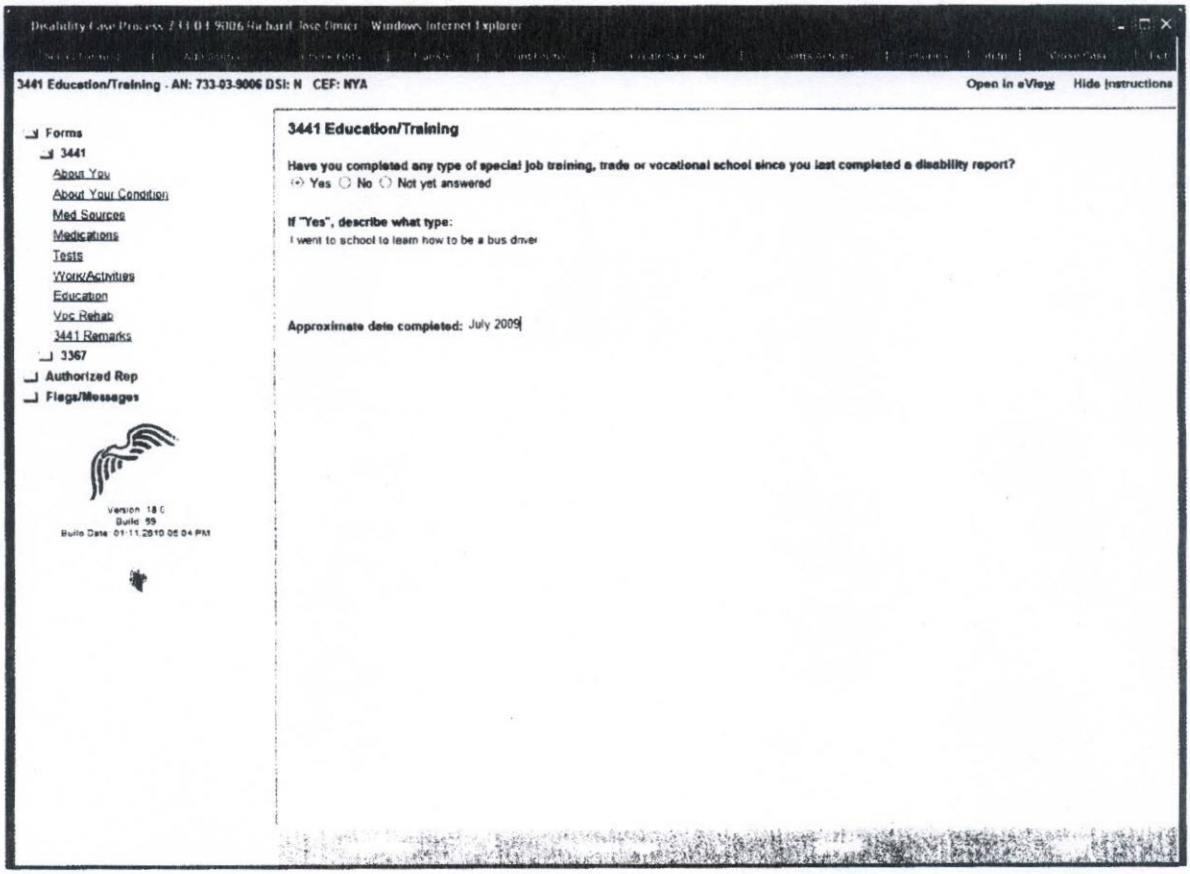
Section 6 & 7

Work Activities



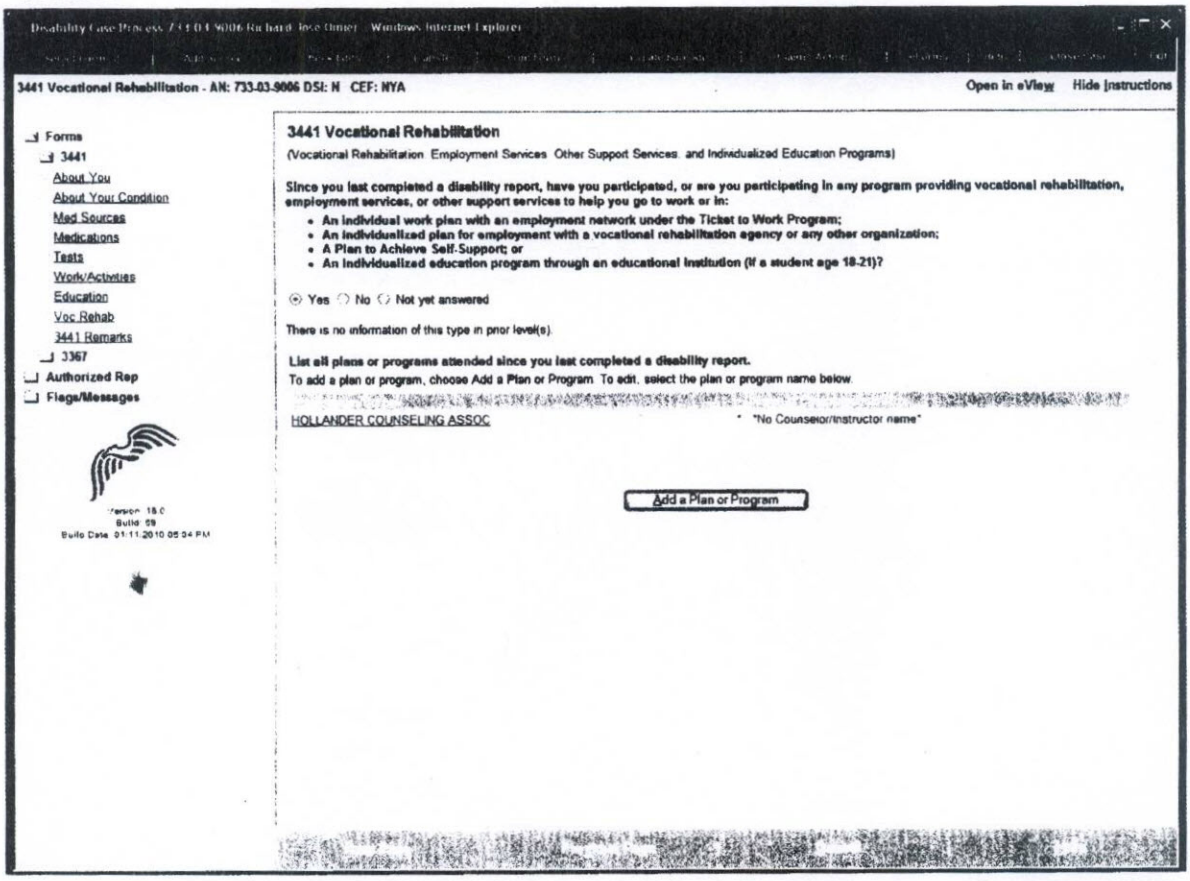
Section 8

Education

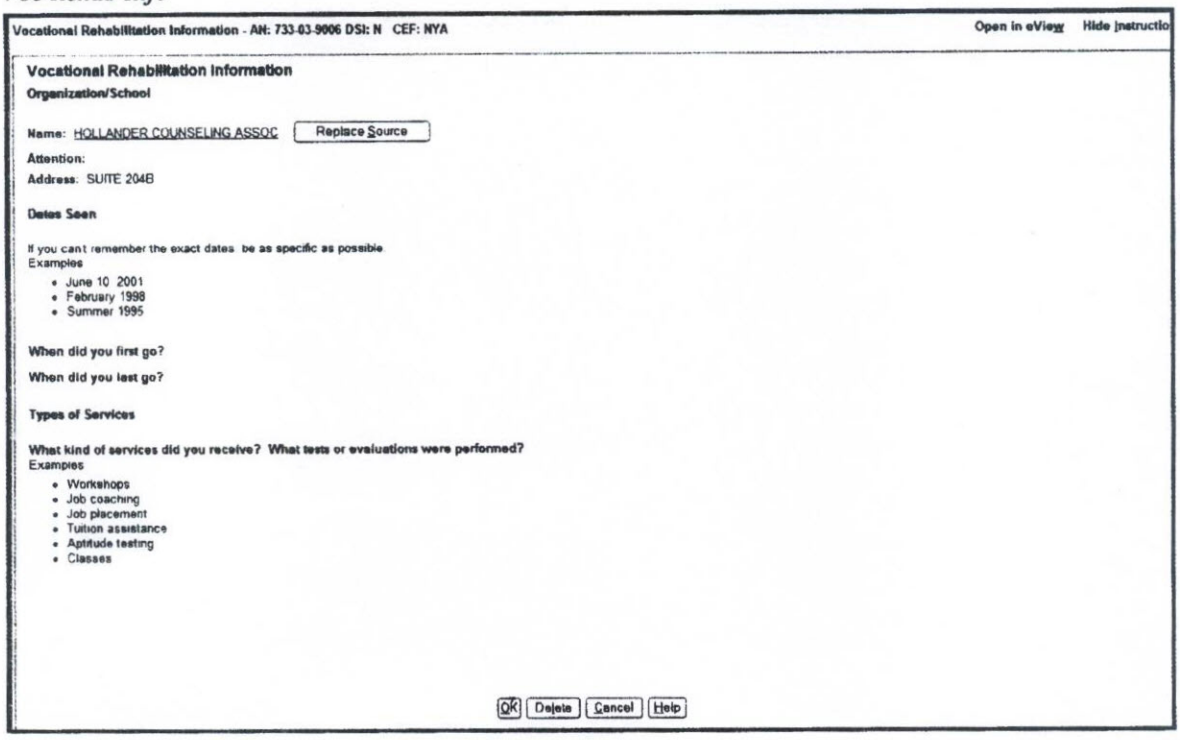


Section 9

Voc Rehab



Voc Rehab Info


Vocational Rehabilitation Information - AN: 733-03-9006 DSI: N CEF: NYA

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Vocational Rehabilitation Information

Organization/School

Name: HOLLANDER COUNSELING ASSOC Replace Source

Attention:

Address: SUITE 204B

Dates Seen

If you can't remember the exact dates be as specific as possible
Examples

- June 10 2001
- February 1998
- Summer 1995

When did you first go?

When did you last go?

Types of Services

What kind of services did you receive? What tests or evaluations were performed?
Examples

- Workshops
- Job coaching
- Job placement
- Tuition assistance
- Aptitude testing
- Classes

OK Delete Cancel Help

Section 10

Remarks