EDCS 3368 Screenshots

About You

3368 About You

Identification

Name: Clarisa Carol Haas

Daytime telephone number: 207-146-6950

Alternate telephone number is: ○ U.S. ○ Foreign ◉ None

Alternate telephone number: _____ **Ext:** _____

E-mail address: _____

Your Language Information

Can you speak and understand English?
NOTE: If you cannot speak and understand English, we will provide an interpreter, free of charge.
◉ Yes ○ No ○ Not yet answered

Can you read and understand English?
◉ Yes ○ No ○ Not yet answered

Can you write more than your name in English?
◉ Yes ○ No ○ Not yet answered

Other Names Used

Have you used any other names on your medical or educational records?
Examples are maiden name, other married name, or nickname

Contacts

3368 Contacts

Alternate Contact Information

Is there someone (other than your doctors) we can contact who knows about your medical conditions and can help you with your case?

(•) Yes ( ) No ( ) Not yet answered

Name of Alternate Contact

*First name:	Middle name:	*Last name:	Suffix:
Maria		Haas	

Relationship to disabled person: Mother ...

Address for Alternate Contact

Address is: (•) U.S. ( ) Foreign Copy Address

Street address line 1: 1909 Riverside Dr

Street address line 2:

Street address line 3:

Street address line 4:

City: Berlin **State:** NH **ZIP Code:** 03570

Telephone for Alternate Contact

Telephone number is: (•) U.S. ( ) Foreign ( ) None

Daytime telephone number: (999-999-9999) 207-146-6630 **Ext:**

Preferred Language for Alternate Contact

Can this person speak and understand English?

(•) Yes ( ) No ( ) Not yet answered

Person Completing the Report

***Who is providing information?**

(•) Clarisa Carol Haas
( ) Alternate Contact listed above
( ) Someone else

Medical Conditions

3368 Medical Conditions

Alleged onset date: 12/31/2015

Physical and Mental Conditions

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

Include:

- All physical, mental, or emotional conditions
- Any major complications resulting from your condition
- All conditions, whether or not you have been receiving treatment
- If cancer, include stage and type

Examples of conditions:
1. Back injury, 2. Arthritis, 3. Diabetes, 4. Glaucoma, 5. Depression, 6. Blindness

Enter one condition on each line. You will be given additional lines as needed.

*1. Chocomarytooth, muscle loss, nerve damage, drop foot

2.

Check Spelling

Do your conditions cause you pain or other symptoms?

(•) Yes ( ) No ( ) Not yet answered

Height and Weight

Even though your height and weight may be in your medical records, what you tell us can show whether the records are up-to-date.

What is your height without shoes? feet: 5 **inches:** 1

What is your weight without shoes? pounds: 152

Work and Onset

3368 Work and Onset

Alleged onset date: 12/31/2015

***Are you currently working?**

- ○ No, I have never worked
- ○ No, I have stopped working
- ◉ Yes, I am currently working
- ○ Not yet answered

Currently Working Information

***Has your condition caused you to make changes in your work activity?**

◉ Yes ○ No ○ Not yet answered

***When did you make changes? (MM/DD/YYYY):** 12/31/2015

Job History

3368 Job History

Alleged onset date: 12/31/2015

Since 12/31/2015 have you had gross earnings greater than $1090 in any month? Do not count sick leave, vacation, or disability pay. Where did this date come from?

Nonblind SGA and Blind SGA amounts
See DI 10501.015 - Tables of SGA Earnings Guidelines and Effective Dates Based on Years of Work Activity.

(•) Yes ( ) No ( ) Not yet answered

How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?

( ) 0
( ) 1
(•) 2-5
( ) 6 or more
( ) Not yet answered

List the most recent job(s) (up to 5).

To add a job, choose Add Job. To edit, select a job title below.

Job Title	From	To
housekeeper	2013	2014
LNA	01/2015	09/2015
sales associate	04/2016	present

Job Information

Job Information

*__Occupation or job title:__
Examples:

- Short-order cook, not just cook
- Elementary school teacher, not just teacher
- Long-haul truck driver, not just driver

housekeeper

__Type of business:__
Do __not__ give the employer's name.
Examples:

- Restaurant
- Large hotel chain
- Elementary school

inn

Dates Worked

If you can't remember the exact dates, be as specific as possible (month or season and year). If you are currently working in this job, enter "Present" in the To: input field.

From: 2013 **To:** 2014

Most Recent Hours and Pay

Average hours per day: 8

Average days per week: 2

Rate of pay:
If you did "piece work," give the average amount you earned per day. If you were on commission, give the average amount per month.

$ 11.00 **Per:** Hour

Medical Sources

3368 Medical Sources

Alleged onset date: 12/31/2015

Doctors, Therapists, Hospitals, Clinics

Have you seen a doctor or other health care professional or received treatment at a hospital or clinic, or do you have a future appointment scheduled:

***For any physical condition(s)**

(•) Yes ( ) No ( ) Not yet answered

***For any mental condition(s) (including emotional or learning problems)**

( ) Yes (•) No ( ) Not yet answered

Tell us who may have medical records about any of your physical or mental condition(s) (including emotional or learning problems) that limit your ability to work. This includes doctors' offices, hospitals (including emergency room visits), clinics, and other health care facilities.

Tell us about your next appointment, if you have one scheduled.

Include:

- All types of providers (physicians, psychologists, optometrists, nurse practitioners, therapists, chiropractors, accupuncturists, etc.)
- Places where you had treatments, tests, surgery, or emergency room visits.

To add a health care provider, choose Add Doctor/Hospital/Etc. To edit, select the name below.

Name		Address
AVH	*	59 PAGE HILL RD
CLEVELAND CLINIC	*	18099 LORAIN AVE
COOS COUNTY FAMILY HEALTH	*	59 PAGE HILL RD

Hospital/Clinic Information

Hospital/Clinic Information

Alleged onset date: 12/31/2015

Name of facility or office: CLEVELAND CLINIC Replace Source

Attention: DR JEREMY AMPS

Address: 18099 LORAIN AVE

Health care professional who treated you at CLEVELAND CLINIC:

unk

Patient ID# (if known):

Dates at this Facility

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 any inpatient stays?
If more than three , give the most recent ones.
○ Yes ◉ No ○ Not yet answered

Did you have any outpatient visits? ◉ Yes ○ No ○ Not yet answered

First visit: 2006

Last visit: 2007

Next appointment:

Did you have emergency room visits?
If more than three , give the most recent ones.
○ Yes ◉ No ○ Not yet answered

Conditions and Treatments

Conditions and Treatments

What medical conditions were treated or evaluated?
Examples:

- To get my blood monitored
- I had a seizure
- I fell off a ladder at work

problems walking

What treatment did you receive for the above conditions?
Examples:

- Physical therapy at the Rehab Clinic
- Blood transfusion
- Surgery
- Chemotherapy at the Oncology Clinic
- Stitches

(For outpatient care, include the location within the hospital if possible.)

leg braces

Tests

3368 Tests Summary

Have you had any medical tests, or do you have any tests scheduled for your condition?

(•) Yes ( ) No ( ) Not yet answered

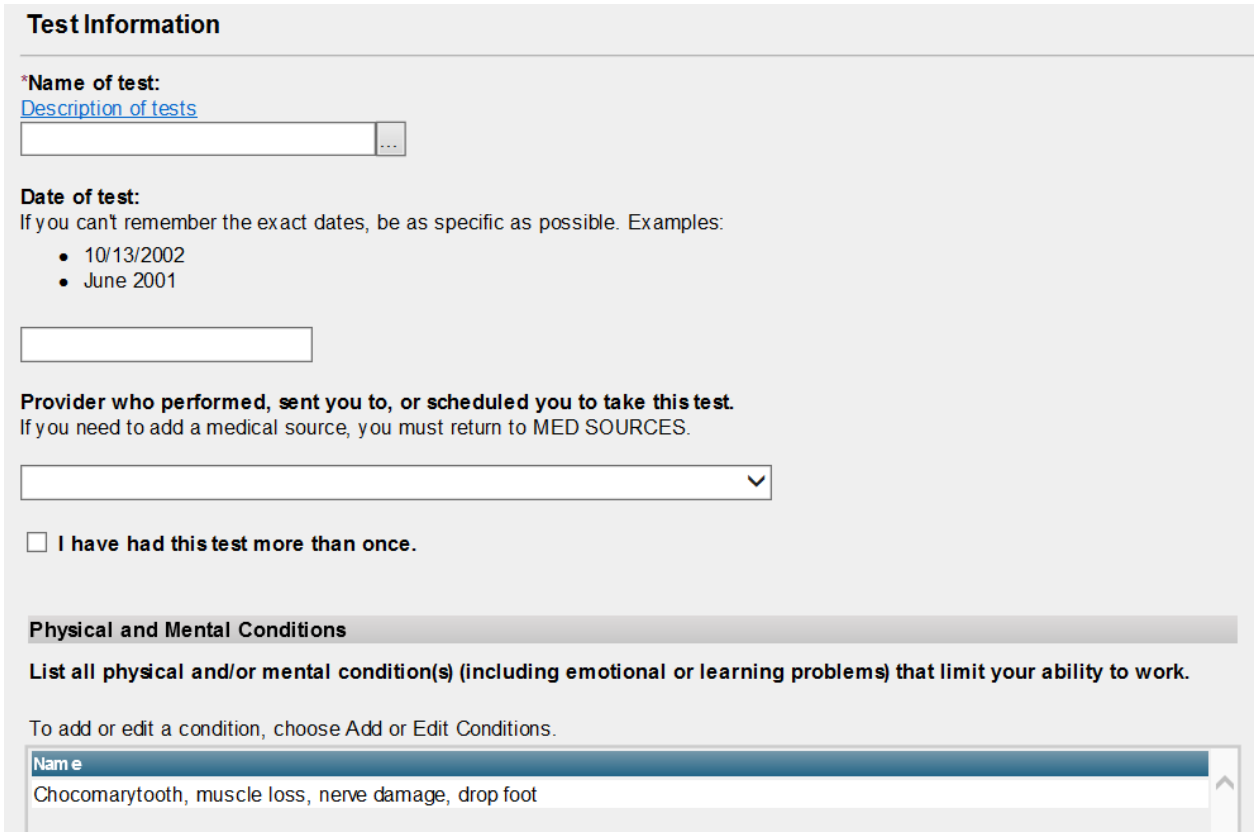
List all tests that you had or will have for your condition.

To add a test, choose Add Test. To edit, select the name of the test below.

Test	Date	Ordered By

Add Test

Test Information



Medicines

3368 Medicines Summary

Are you taking any prescription or non-prescription medicines?

(•) Yes ( ) No ( ) Not yet answered

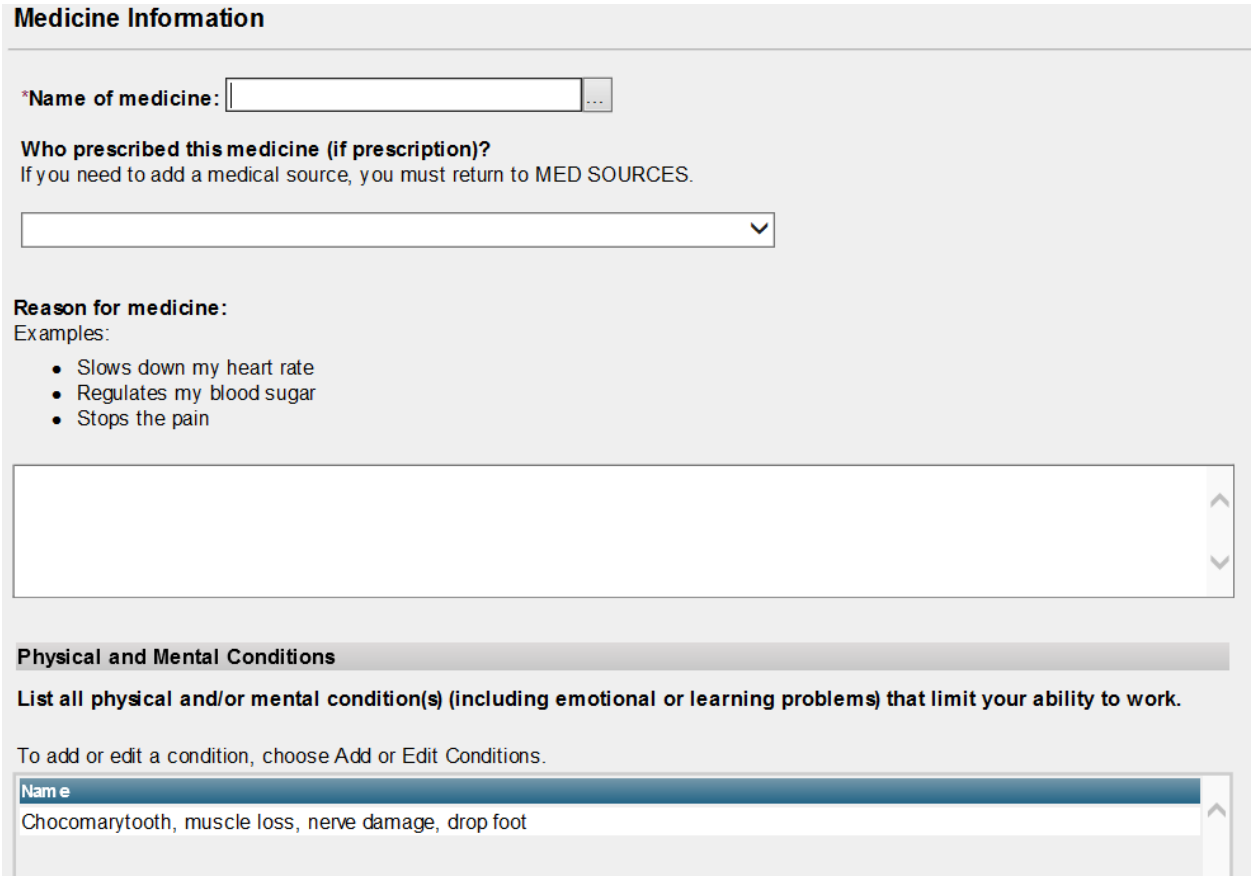
List all prescription and non-prescription medicines that you take for your condition.

To add a medicine, choose Add Medicine. To edit, select the medicine listed below.

Medicine	Prescribed By	Reason

Add Medicine

Medicine Information



Other Medical Information

3368 Other Medical Information

Does anyone else have medical information about your physical or mental condition(s) (including emotional and learning problems), or are you scheduled to see anyone else?
Examples:

- Worker's Compensation
- Vocational rehabilitation
- Insurance companies who have paid you disability benefits
- Prisons
- Attorneys
- Welfare or social service agency

○ Yes ◉ No ○ Not yet answered

Education and Training

3368 Education and Training

Education

Alleged onset date: 12/31/2015

What is the highest grade of school that you completed? 12th grade

Approximate date completed: 2015

Special Education

Did you attend special education classes?

Examples:

- Special classes for a learning disability, for the hearing or sight impaired, or for an emotional problem
- Special reading instruction
- A teacher's aide worked with you "one on one", on a regular basis

(•) Yes ( ) No ( ) Not yet answered

List all schools where you attended special education classes.

To add a school, choose Add School. To edit, select the school below.

Name		Address
BERLIN SAU 3	*	183 HILLSIDE AVENUE

Add School

Job Training or Vocational School

Have you completed any type of specialized job training, trade, or vocational school?

Examples:

- Auto mechanics
- Carpentry or plumbing
- Cosmetology
- Heating and air conditioning
- Electronics or computer repair
- Data entry or word processing courses

(•) Yes ( ) No ( ) Not yet answered

Describe the types of vocational programs attended.

LNA training

Approximate date completed: 2015

Remarks

3368 Remarks

Please provide any additional information you did not give in earlier parts of this report.