## EDCS 3441 Screenshots (as of 4/25/2018)

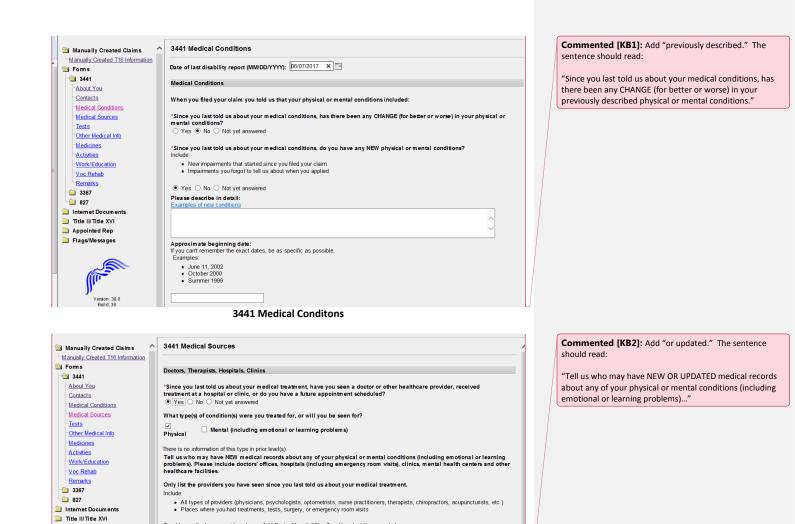
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Manually Created T	16 Information	Identification								
3441		Name: Somant	tha Chou							
About You		Daytime teleph	none number:	410-555-1247						
Contacts		Alternate telep	hone number	ris: OU.S. OFon	eign 🖲 None					
Medical Condition	_	Alternate telep	hone number		Ext:					
- <u>Medical Sources</u> - <u>Tests</u>				,	,					
Other Medical Inf	fo	E-mail address:	thisisatest@p	bassed.com						
Medicines	-	Other Names U								
Activities		Other Names U	Jsed							- 1
Work/Education		Have you used	any other na	mes on your med	ical or educational re	cords?				
Voc Rehab		Examples are m	naiden name, o	ther married name,	or nickname					
Remarks										
3367		● Yes ○ No	O Not yet an	iswered						
827		There is no inform	mation of this ty	ype in prior level(s).						
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Appointed Rep		Other Names							_	
Flags/Messages		Tulsa, Howard F	Ray II							^
		Wilson, Samuel								
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- 3441 - <u>About You</u> - <u>Contacts</u> Medical Condition		Is there someor your claim? (e. OYes INO	g., friend or re	elative)	e can contact who know	ws a bout your medical c	onditions, and	i can hei	pyou with	
Medical Sources	2	Person Comple								
Tests		*Who is providir		n?						
Other Medical Info	2	<ul> <li>Somantha Ch</li> <li>Alternate Con</li> </ul>								
Medicines Activities		<ul> <li>Someone else</li> </ul>								
Work/Education		Copy from F	<sup>o</sup> rior Level							
Remarks		Name of Person	Completing	This Depart						
3367		First name:		dle name:	Last name:	Suffix:				
827		m		ule name.						
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		Address is: Ol								
		Street address	line 1: 153 SI	MITH ST 3RD FLR						
III.		Street address	line 2:							
Version: 38.0		Street address	line 3:							
Build Date: 04/10/2018		Street address	line 4:			_				
Logged-In Use Name: SHERROU Office: 273	, I	City: LOWELL	s	itate: MA 🗡 ZIP	Code: 01851	]				
0.000.270		Telephone for F	Person Compl	leting This Report	t					
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				.S. O Foreign O N						_
				_		245				
(11)		Daytime telep	hone number	. (999-999-9999)	75-955-7452 Ext: 2	245				

3441 Contacts

Page **2** of **7** 



Address 330 Brookline Ave \* ORTHOPAEDIC TRAUMA & RECONSTRUCTI.

\* ONE PARKWAY \* C/O MICHAEL A. TORRISI, ESQ.

Add Doctor/Hospital/Etc.

Page 3 of 7

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

3441 Medical Sources

Name Jan, Farhana, Beth Israel Deaconess Medical Center PULIN, JAMES M.D.

TALLMAN, DR. CARTER M.D. TORRISI & TORRISI, L

Appointed Rep

Flags/Messages

Manually Created Claims							
			tests, have you had any medical tests or do you have any tests scheduled in the future?				
3441	● Yes ○ No ○ Not	yet answered	d				
About You	There is no information o	of this type in p	prior level(s).				
Contacts			akadulad ta kaus alasa yau last taldus akaut yau tasta				
Medical Conditions	Io add a test, choose Add Test. To edit, select the name of the test below.						
Medical Sources	Test	Date	Ordered By				
Tests	Breathing test	121286	Jan, Farhana, Beth Israel Deaconess Medical Center				
Other Medical Info							
Medicines							
Activities				$\sim$			
Work/Education							
- <u>Voc Rehab</u> Remarks			Add Test				
3367							
827							
Internet Documents							
Title II/Title XVI							
Appointed Rep							
Flags/Messages							
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Manually Created Claims	3441 Other Medical						
Manually Created T16 Information	1						
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3441 Other Medical Information

🔄 Manually Created Claims 🧹	3441 Medicines Summary	
Manually Created T16 Information		
S Forms	Are you currently taking any medicines (prescription or non-prescription)?	
3441	● Yes ○ No ○ Not yet answered	
About You	There is no information of this type in prior level(s).	
Contacts		
Medical Conditions	List all prescription and non-prescription medicines that you are currently taking for you	r condition.
Medical Sources	To add a medicine, choose Add Medicine. To edit, select the medicine listed below.	
Tests	Medicine Prescribed by	Reason
Other Medical Info	Acetaminophen Jan, Farhana, Beth Israel Deaconess Medical Center	For me
-Medicines		
-Activities		
-Work/Education		
Voc Rehab		
Remarks	Add Medicine	
3367		
827		
Internet Documents		
Title II/Title XVI		
Appointed Rep		
Flags/Messages		
Flags/Messages		
	3441 Medicines	
🔄 Manually Created Claims 🧹	3441 Activities	
Manually Created T16 Information		
🔁 Forms	Information About Your Activities	
3441	Since you last told us about your activities, has there been any change (for better or wo physical or mental conditions?	orse) in your daily activities due to your
About You	Examples:	
Contacts	Household tasks	
Medical Conditions	Personal care	
Medical Sources	Getting around	
	Hobbies and interests     Social activities	
- <u>Tests</u>	Sucial activities	

Commented [KB3]: Add "previously described." The sentence should read:

"Since you last told us about your activities, has there been any change (for better or worse) in your previously described daily activities due to your physical or mental conditions?"

3441 Activities

 ${\small \odot}~{\rm Yes}~{\scriptstyle \bigcirc}~{\rm No}~{\scriptstyle \bigcirc}~{\rm Not}$  yet answered

Describe in detail.

Medical Sources Tests <u>Other Medical Info</u> Medicines

Activities

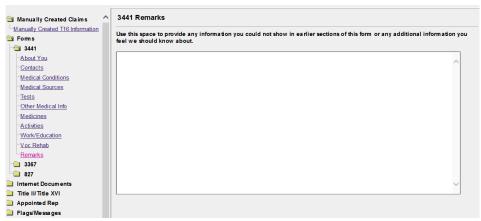
3367827 📄 Internet Documents 🗎 Title II/Title XVI Appointed Rep
Flags/Messages

Work/Education

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🔄 Manually Created Claims 🔷	3441 Work and Education
Manually Created T16 Information	Work Information
S Forms	
About You	Since you last told us about your work, have you worked or has your work changed? If yes, you will be asked to provide additional information.
Contacts Medical Conditions	$\odot$ Yes $\bigcirc$ No $\bigcirc$ Not yet answered
Medical Sources	Education Information
Tests	
Other Medical Info	Since you last told us about your education, have you completed or are you enrolled in any type of specialized job training, trade school, or vocational school?
Medicines	● Yes ○ No ○ Not yet answered
Activities	
Work/Education	Describe what type:
Voc Rehab	
Remarks	
- 3367	
827	
Internet Documents	
Title II/Title XVI	
Appointed Rep	· · · · · · · · · · · · · · · · · · ·
🗎 Flags/Messages	
	Date(s) attended: Sometime in 2016
	3441 Work and Education
🔄 Manually Created Claims 🔥 🛆	3441 Vocational Rehabilitation, Employment, or Other Support Services
Manually Created T16 Information	Since you last told us about your vocational rehabilitation, have you participated, or are you participating in:
🔄 Forms	An individual work plan with an employment network under the Ticket to Work Program;
3441	<ul> <li>An individualized plan for employment with a vocational rehabilitation agency or any other organization;</li> </ul>
<u>About You</u>	<ul> <li>A Plan to Achieve Self Support (PASS);</li> <li>An Individualized Education Program (IEP) through an educational institution (if a student age 18-21); or</li> </ul>
Contacts	<ul> <li>An individualized Education i rogram (iii) indicinant education an instantion (iii a student age lost), of</li> <li>Any program providing vocational rehabilitation, employment services, or other support services to help you go to work?</li> </ul>
Medical Conditions	
Medical Sources	● Yes ○ No ○ Not yet answered
- <u>Tests</u>	There is no information of this type in prior level(s).
- <u>Other Medical Info</u>	mere is no mormation of this type in providency.
- <u>Medicines</u>	List all plans or programs attended since you last told us about your vocational rehabilitation.
Activities	To add a plan or program, choose Add a Plan or Program. To edit, select the plan or program name below.
-Work/Education	Organization/School Name of Counselor/Instructor
<u>Voc Rehab</u>	MARYLAND GENERAL HOS * "No Counselor/Instructor name"
Remarks	MATER DOLOROSA SCHOO * * *No Counselor/Instructor name*
3367	
827	
Internet Documents	Add a Plan or Program
Title II/Title XVI	
Appointed Rep	
Flags/Messages	
	3441 Voc Rehab

Page **6** of **7** 



3441 Remarks

Page **7** of **7**