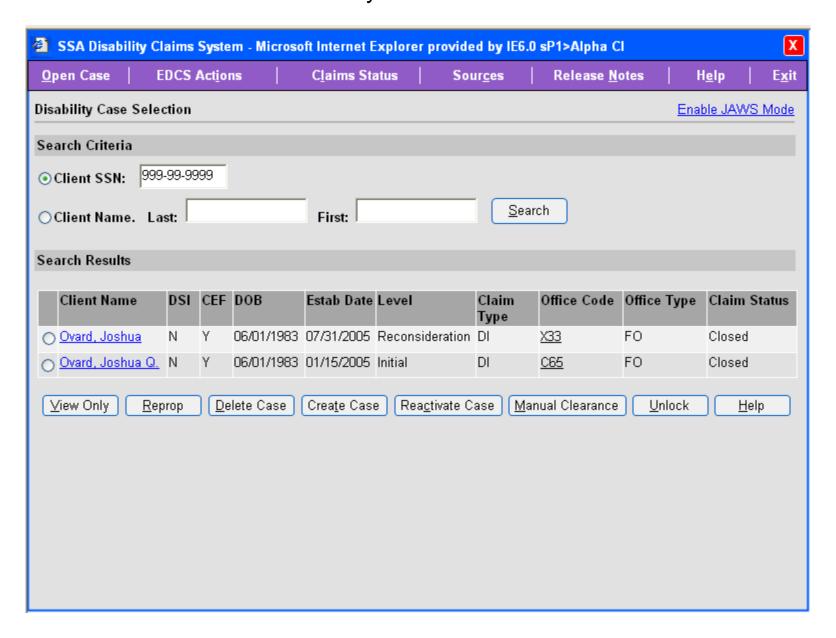
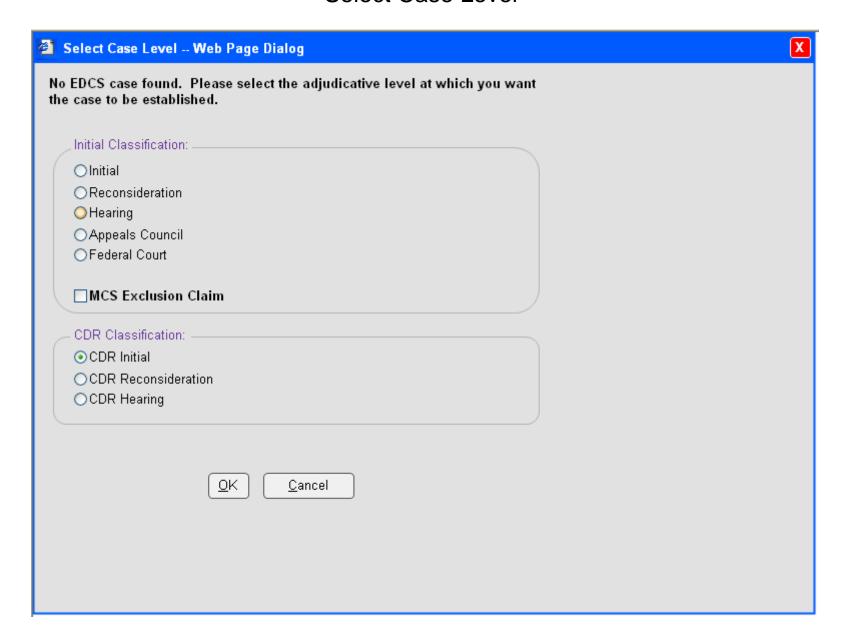
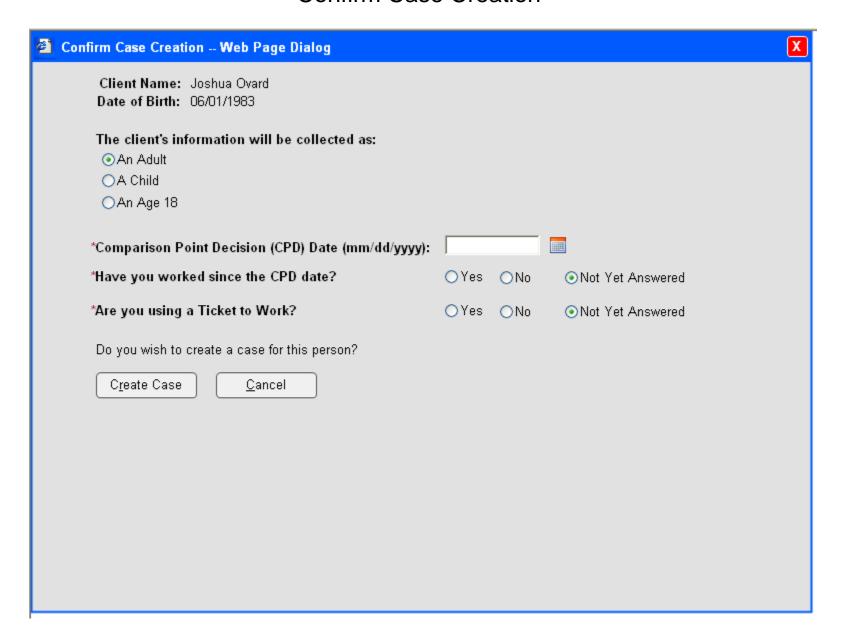
Disability Case Selection



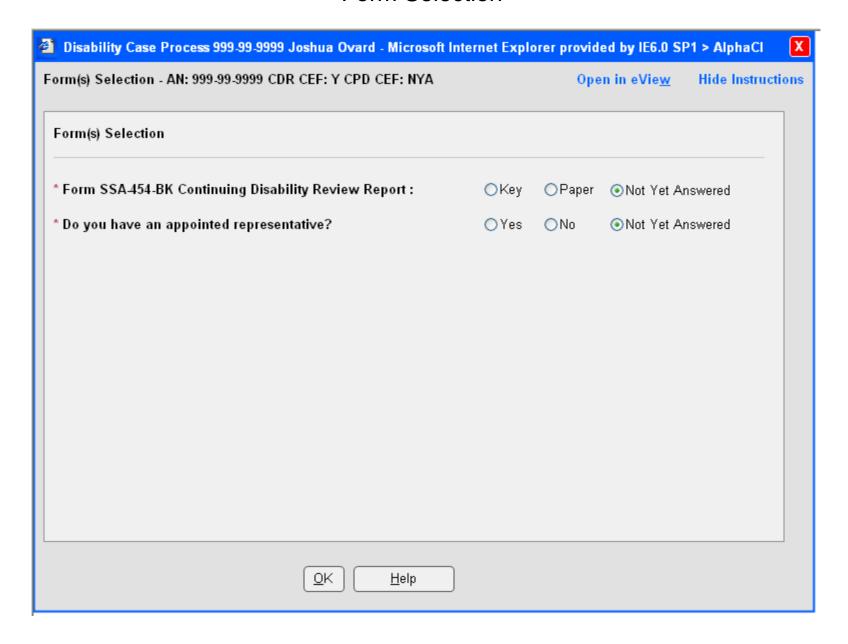
Select Case Level



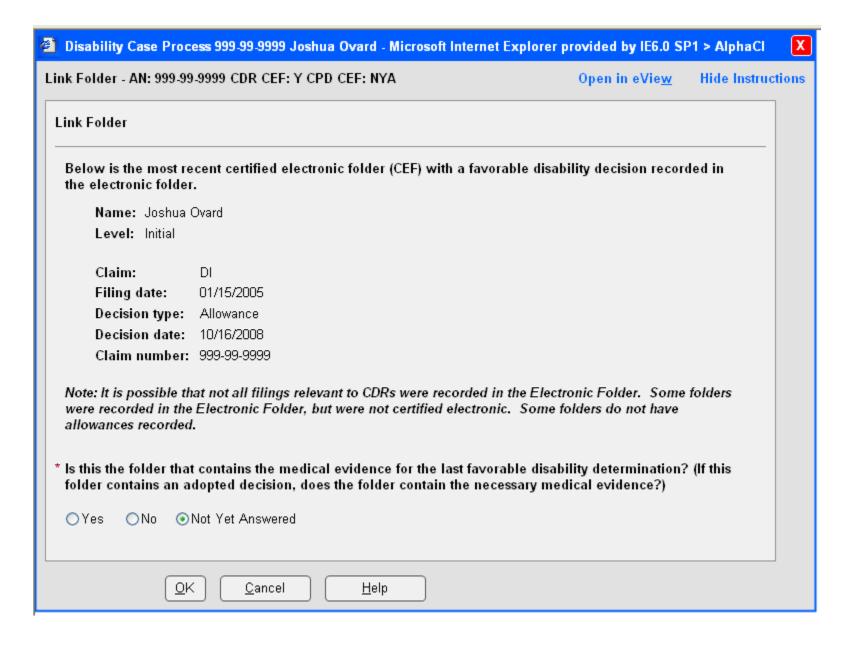
Confirm Case Creation



Form Selection



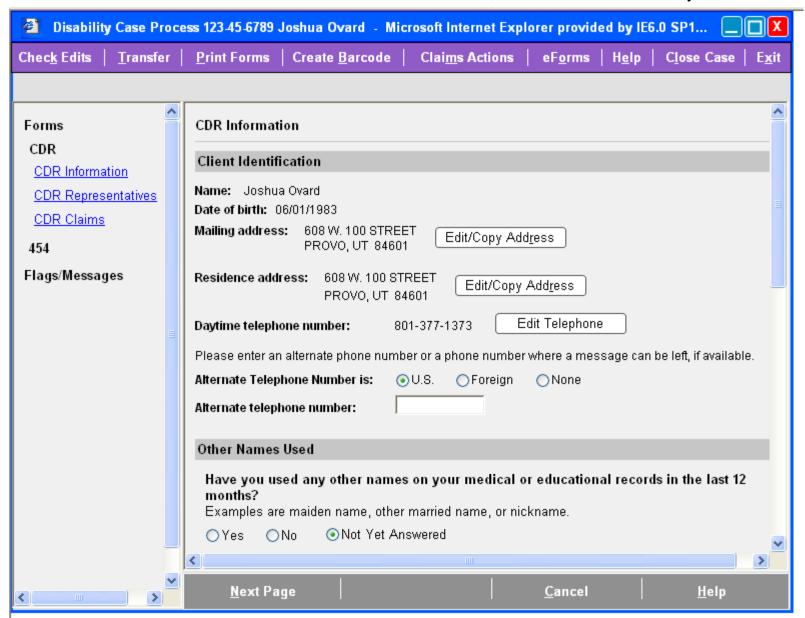
Link Folder



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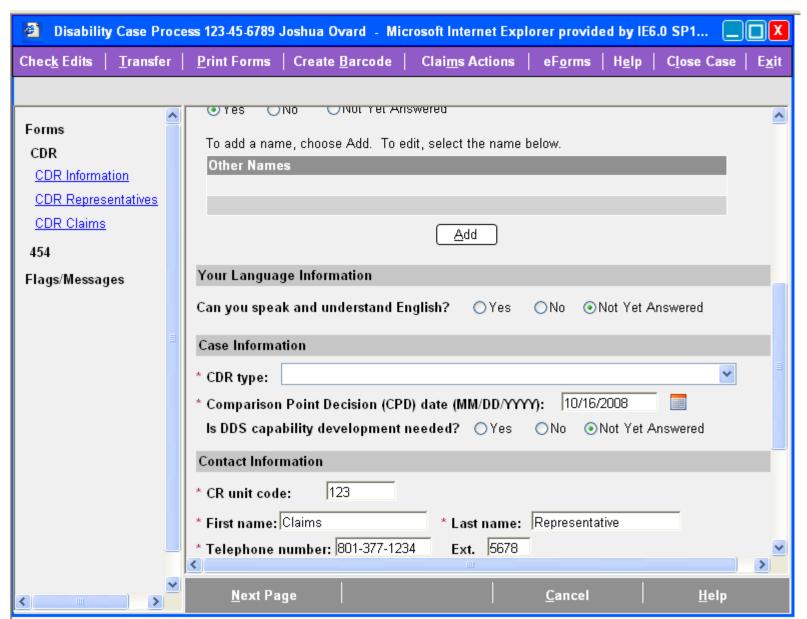
CDR Information, Part 1 of 2

User has indicated claimant used other names, but has not entered any

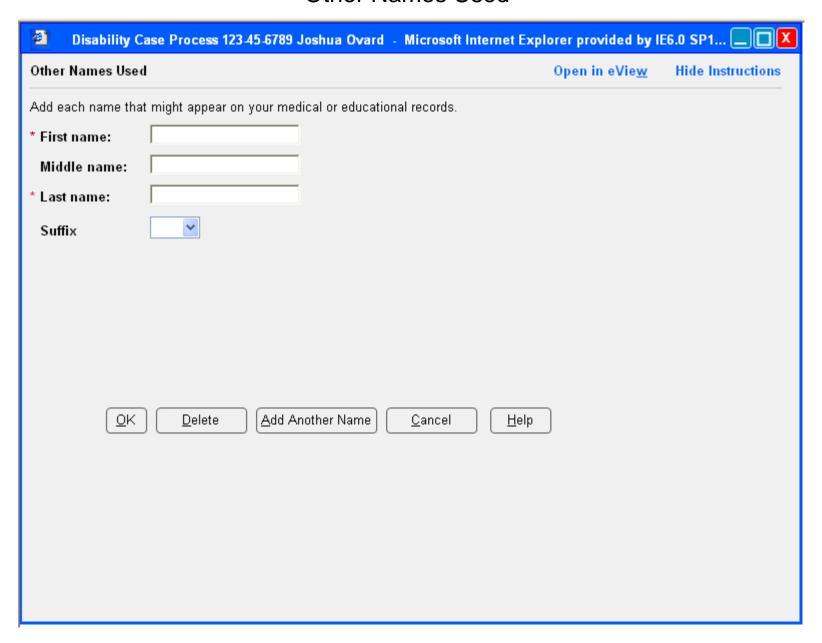


CDR Information, Part 2 of 2

Other Names = Yes, but no other names entered

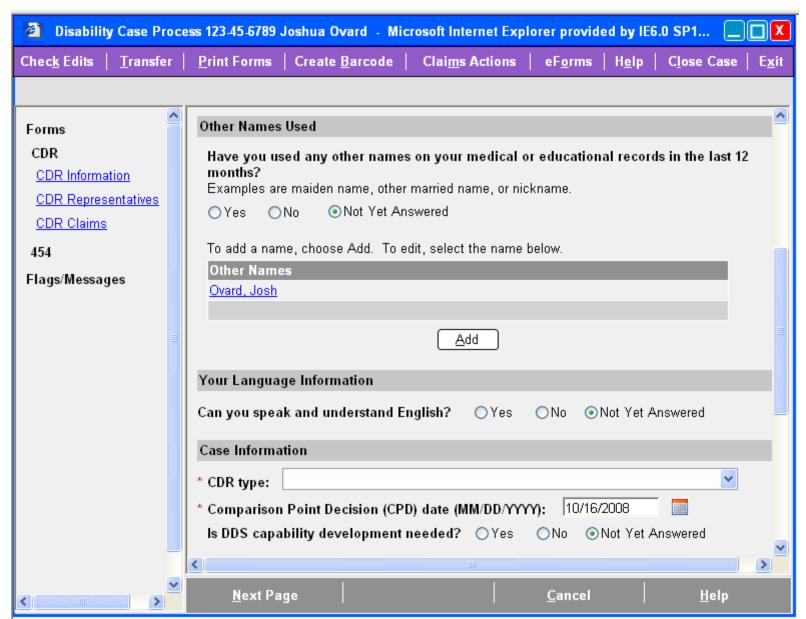


Other Names Used



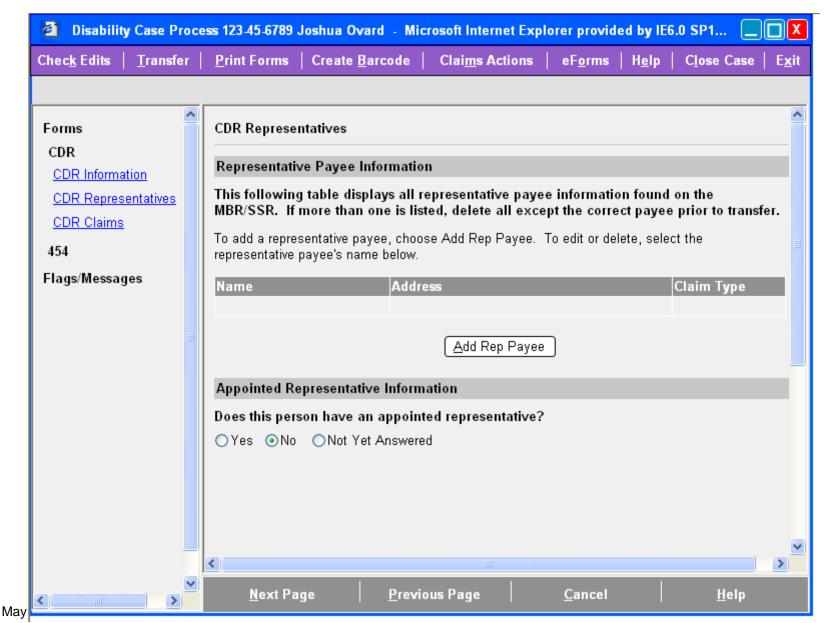
CDR Information, Part 2 of 2

Other Names = Yes, with another name entered



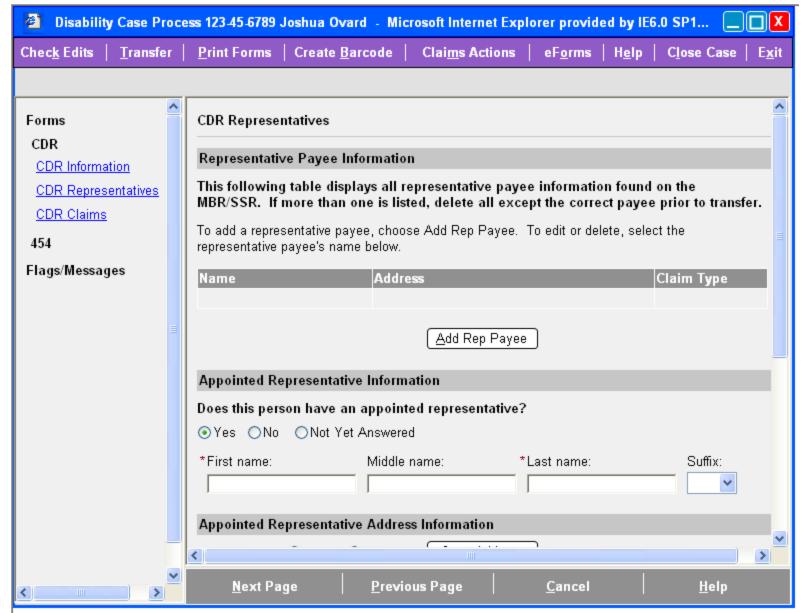
CDR Representatives

Appointed Representative = No



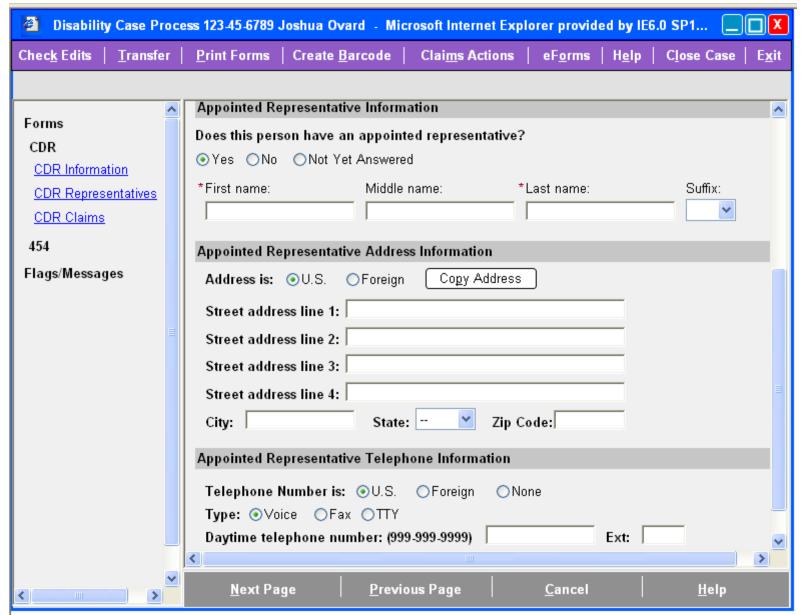
CDR Representatives, Part 1 of 2

Appointed Representative = Yes

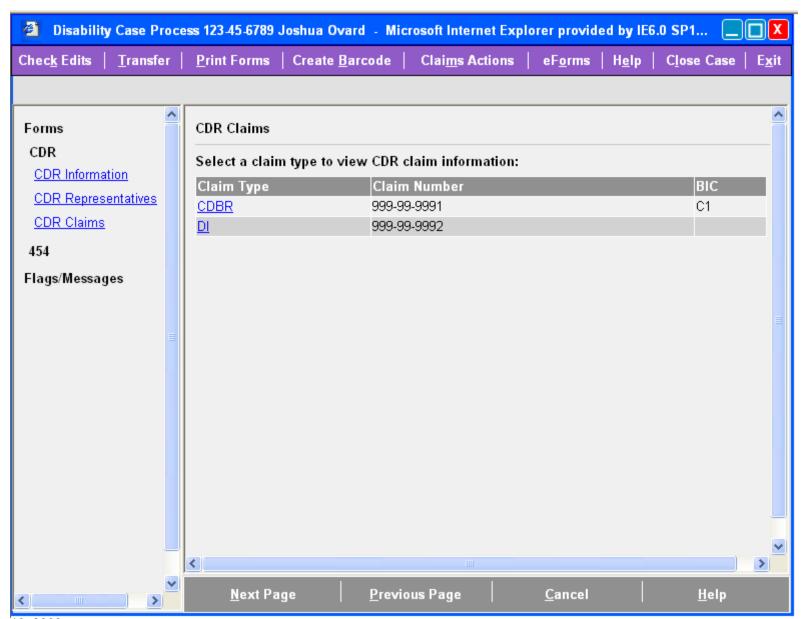


CDR Representatives, Part 2 of 2

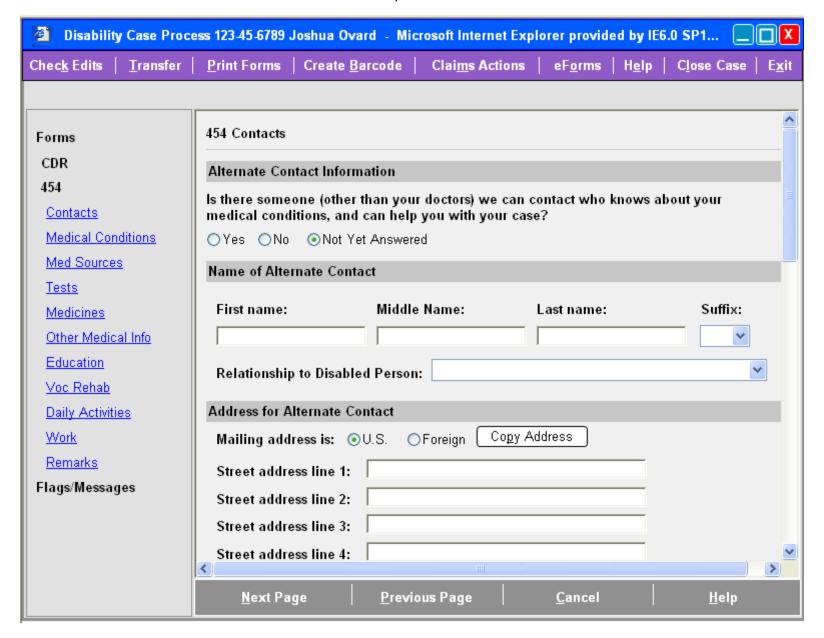
Appointed Representative = Yes



CDR Claims

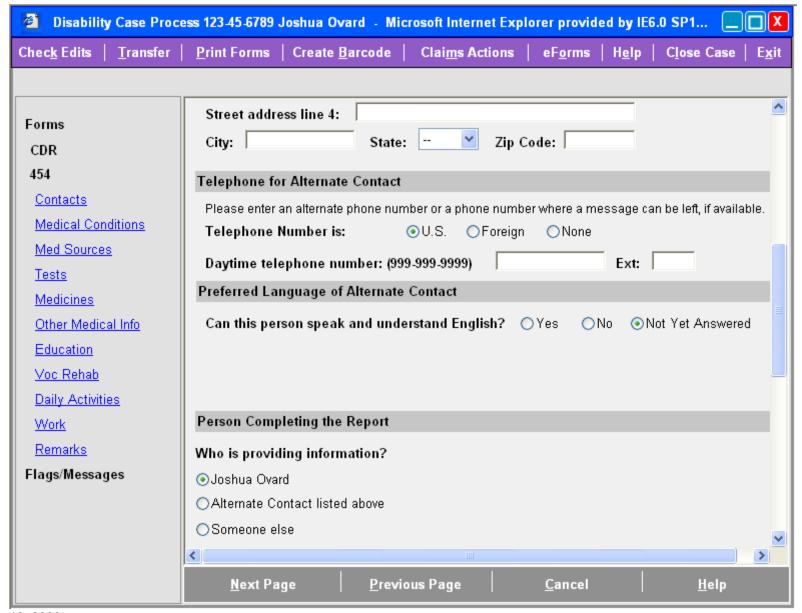


Contacts, Part 1 of 3



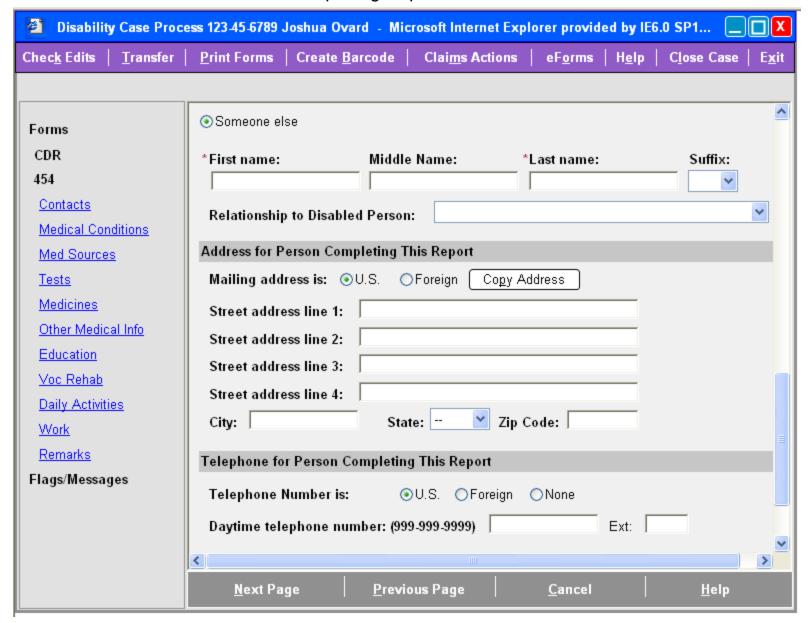
Contacts, Part 2 of 3

Person Completing Report = Claimant



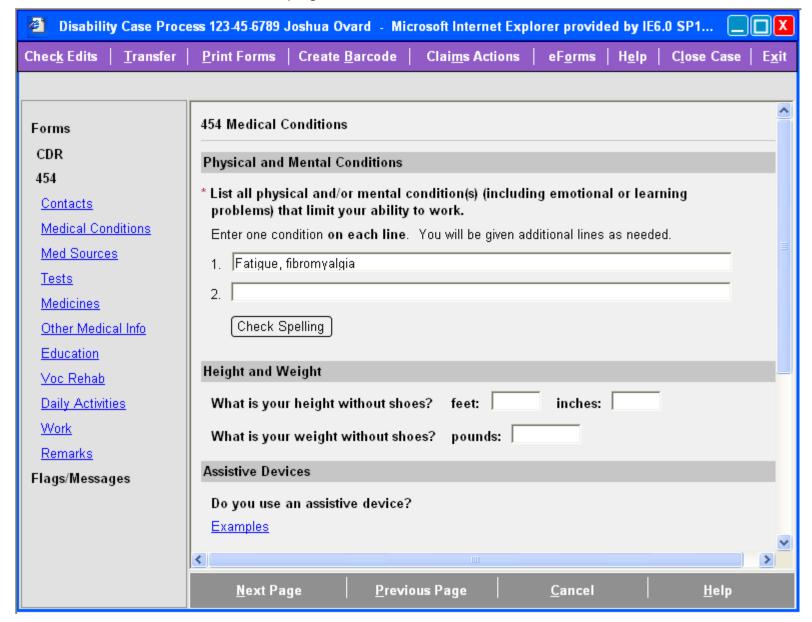
Contacts, Part 3 of 3

Person Completing Report = Someone Else



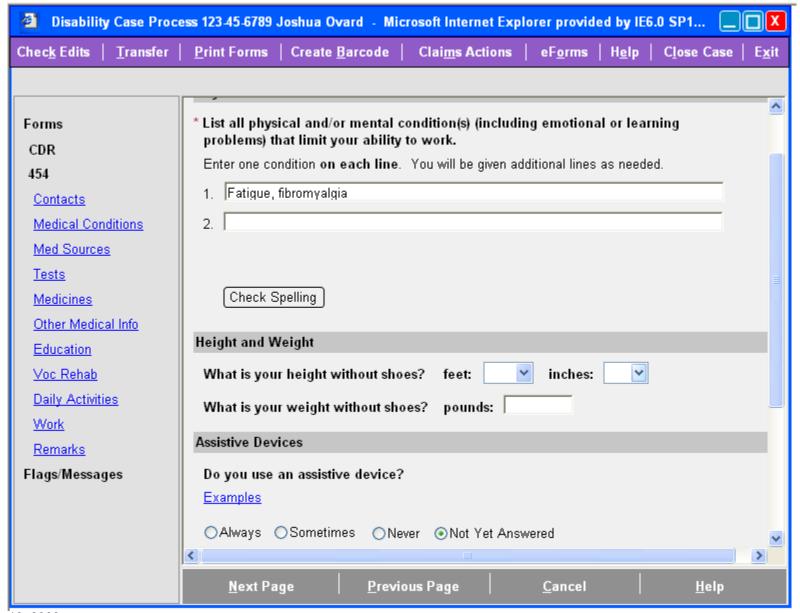
Medical Conditions, Part 1 of 2

Medical Conditions Propagated from mainframe, no new conditions entered



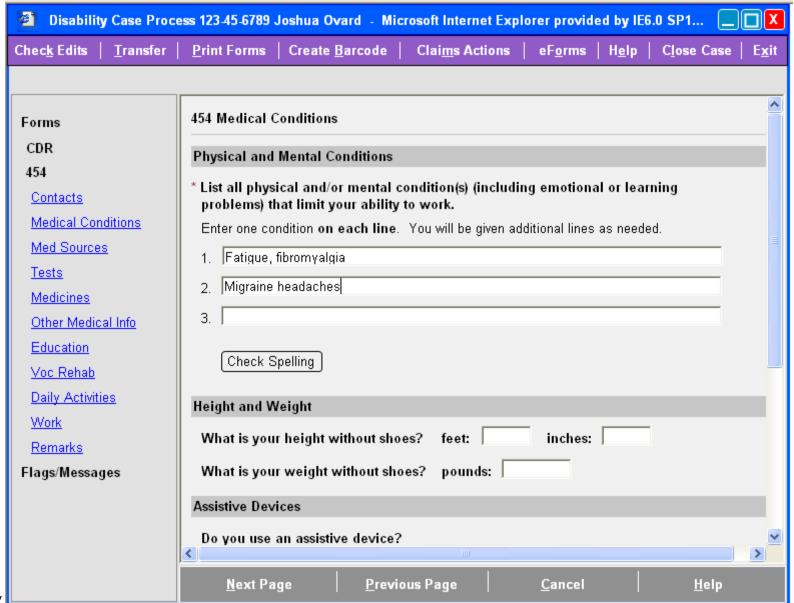
Medical Conditions, Part 2 of 2

Medical Conditions Propagated from mainframe, no new conditions entered



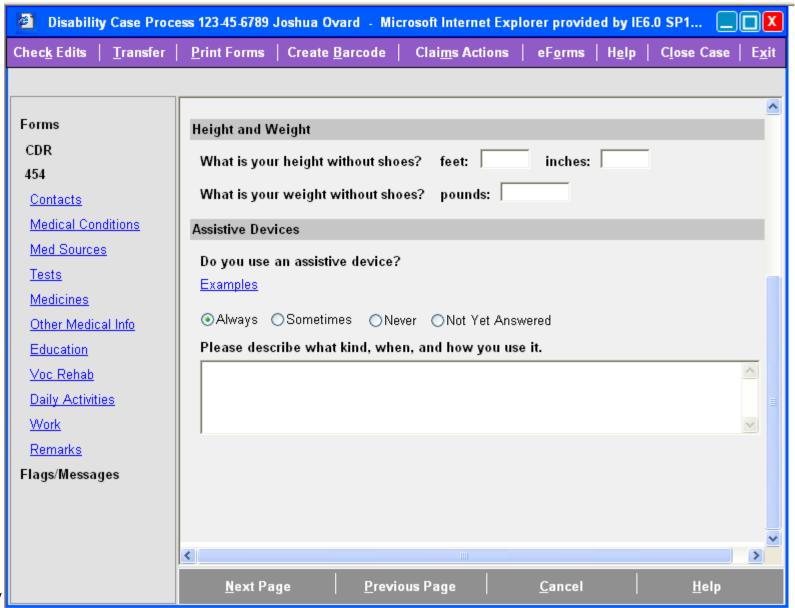
Medical Conditions, Part 1 of 2

Medical Conditions Propagated from mainframe, plus one new conditions entered User has indicated claimant uses an assistive device



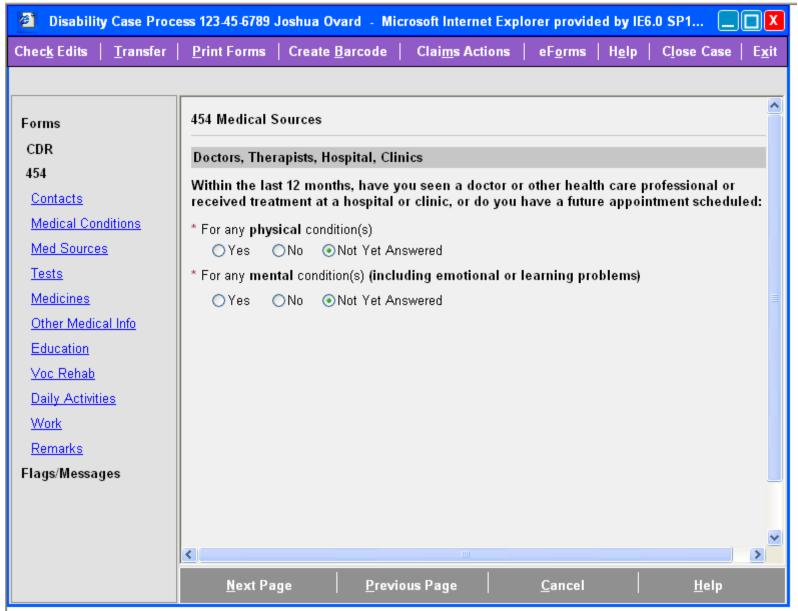
Medical Conditions, Part 2 of 2

Medical Conditions Propagated from mainframe, plus one new conditions entered User has indicated claimant uses an assistive device



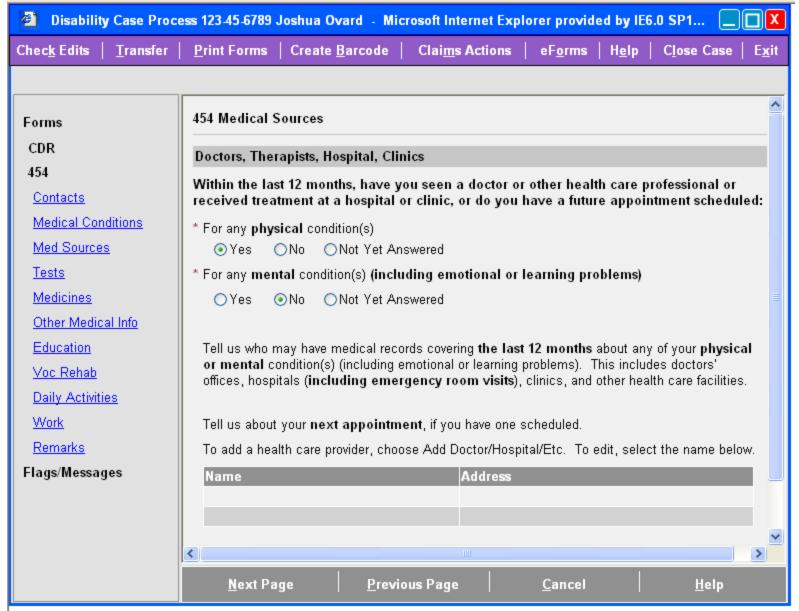
Medical Sources

Initial view

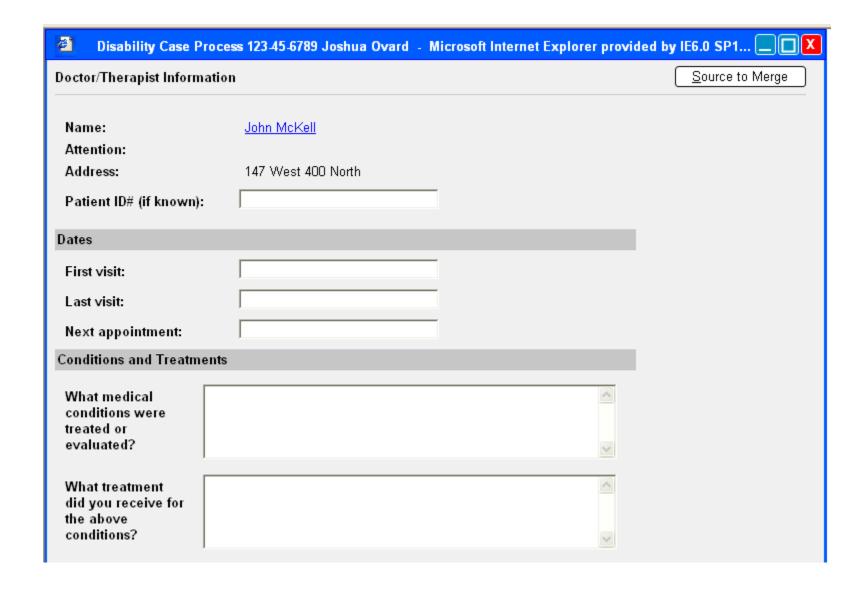


Medical Sources

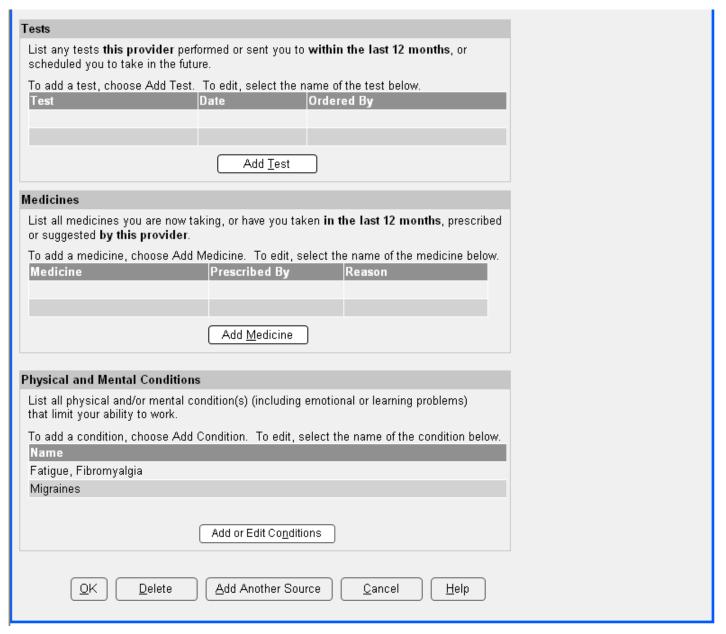
User has indicated claimant has medical sources, but has not entered any



Doctor/Therapist Information, Part 1 of 2

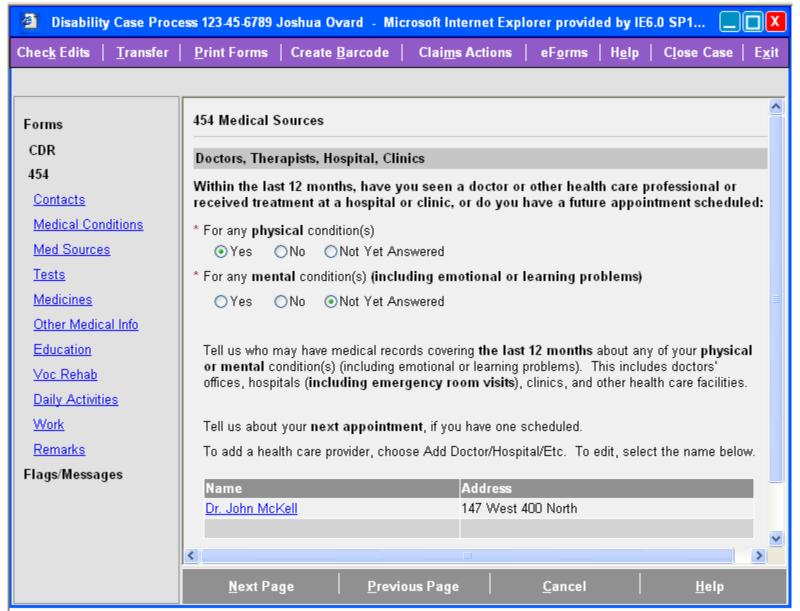


Doctor/Therapist Information, Part 2 of 2



Medical Sources

User has indicated claimant has medical sources and entered a doctor



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Hospital/Clinic Information, Part 1 of 3

Disability Case Process 123.45.6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1			
Hospital/Clinic Information			
Name of facility or office: Attention:	Utah General Hospital		
Address:	6701 Main Street		
Health care professional who treated you at Utah General Hospital:			
Patient ID# (if known):			
Dates at this Facility			
Did you have any inpatient stays?			
Date In:	Date Out:		
Date In:	Date Out:		
Date In:	Date Out:		
Did you have any outpatient	t visits? ⊙ Yes ○ No ○ Not Yet Answered		
First visit:			
Last visit:			
Next appointment:			

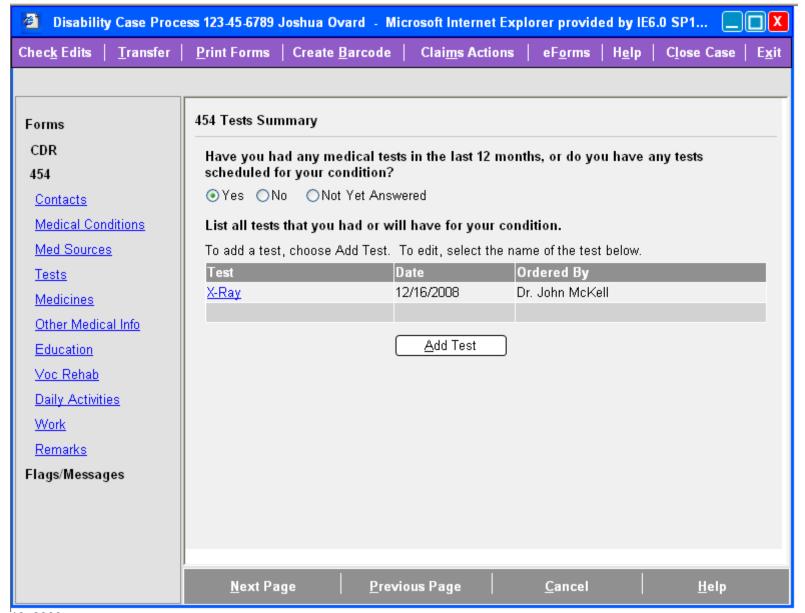
Add Hospital/Clinic, Part 2 of 3

Did you have any emergency room visits?			
Date of visit:			
Date of visit:			
Date of visit:			
Conditions and Treatments			
What medical conditions were treated or evaluated?			
What treatment did you receive for the above conditions?			
Tests			
List any tests this provider performed or sent you to within the last 12 months , or scheduled you to take in the future.			
To add a test, choose Add Test. To edit, select the name of the test below. Test Ordered By			
Add <u>T</u> est			

Add Hospital/Clinic, Part 3 of 3

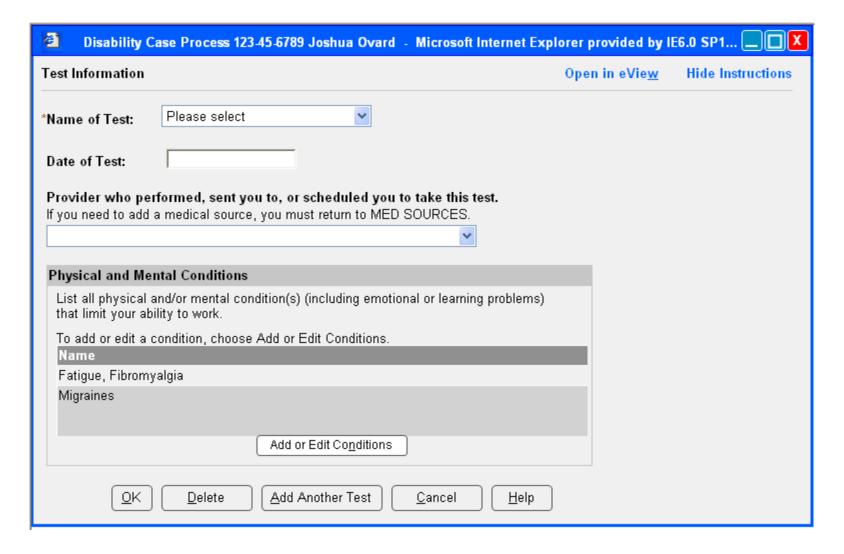
Medicines
List any prescription or non-prescription medicines you are now taking, or have you taken in the last 12 months, prescribed or suggested by this provider.
To add a medicine, choose Add Medicine. To edit, select the name of the medicine below. Medicine Prescribed By Reason
Add <u>M</u> edicine
Physical and Mental Conditions
List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.
To add a condition, choose Add Condition. To edit, select the name of the condition below. Name
Fatigue, Fibromyalgia
Migraines
Add or Edit Conditions
OK Delete Add Another Source Cancel Help

Tests Summary



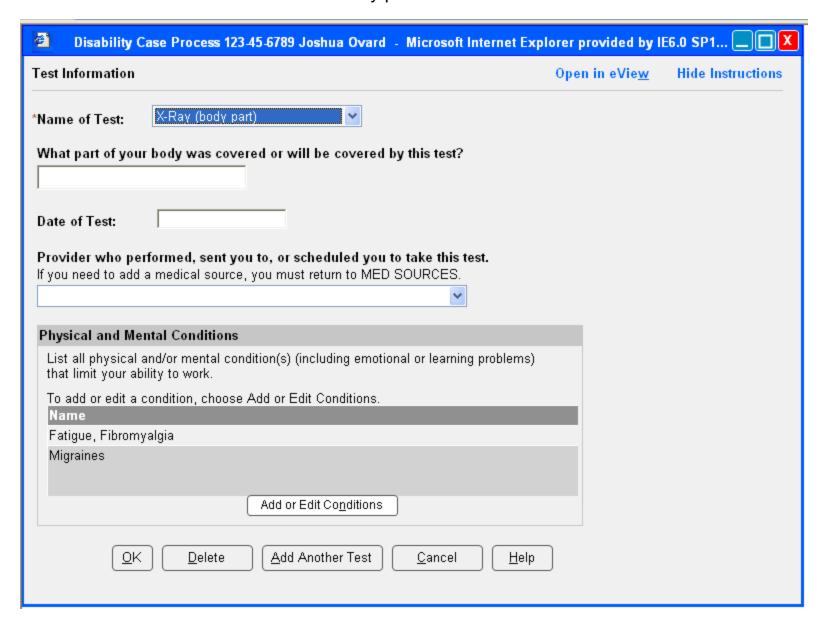
Test Information

No body part involved or other explanation needed

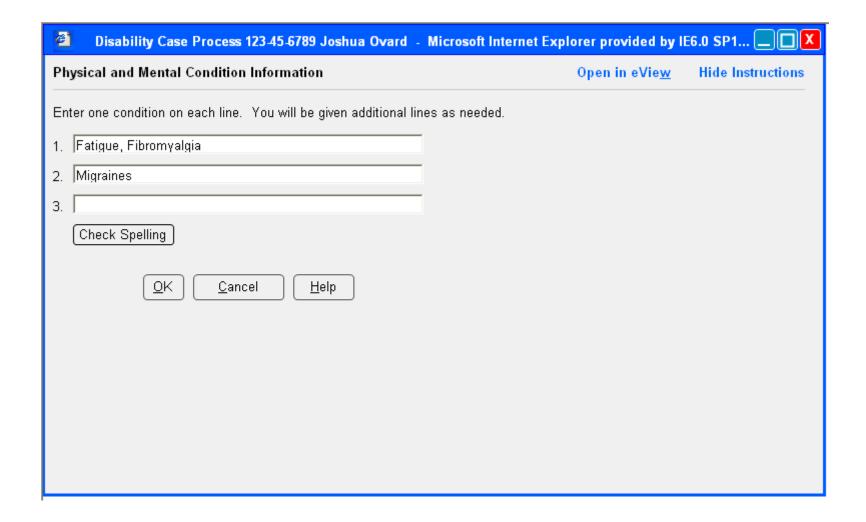


Test Information

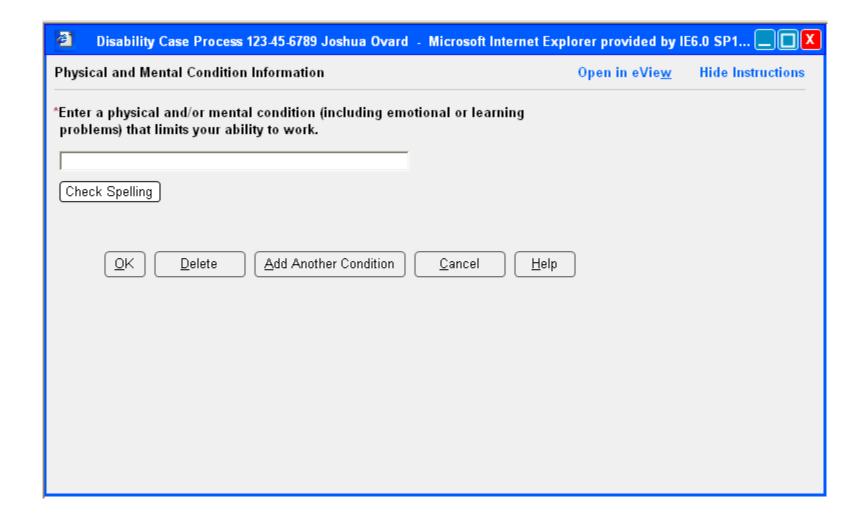
Body part involved



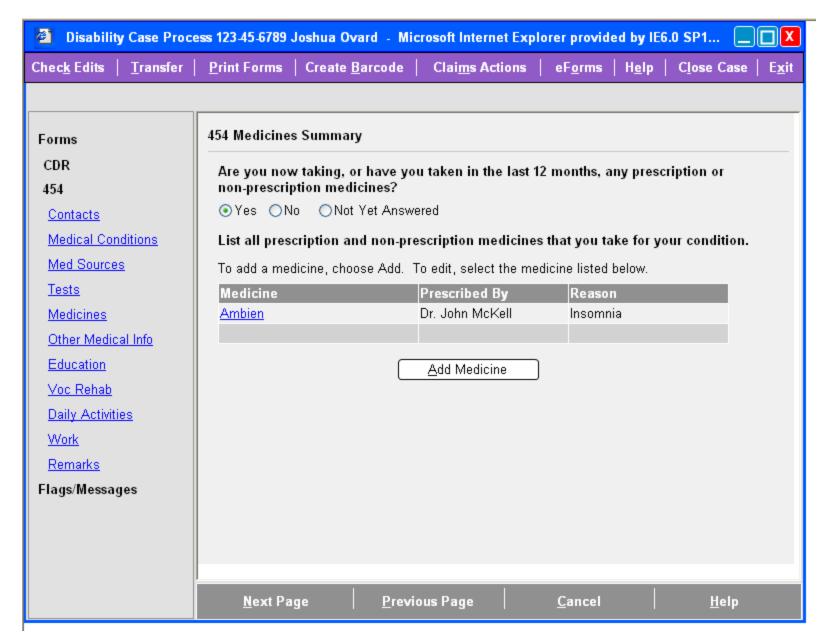
Physical and Mental Condition Information – Plan A Claimant adds physical or mental condition while adding test



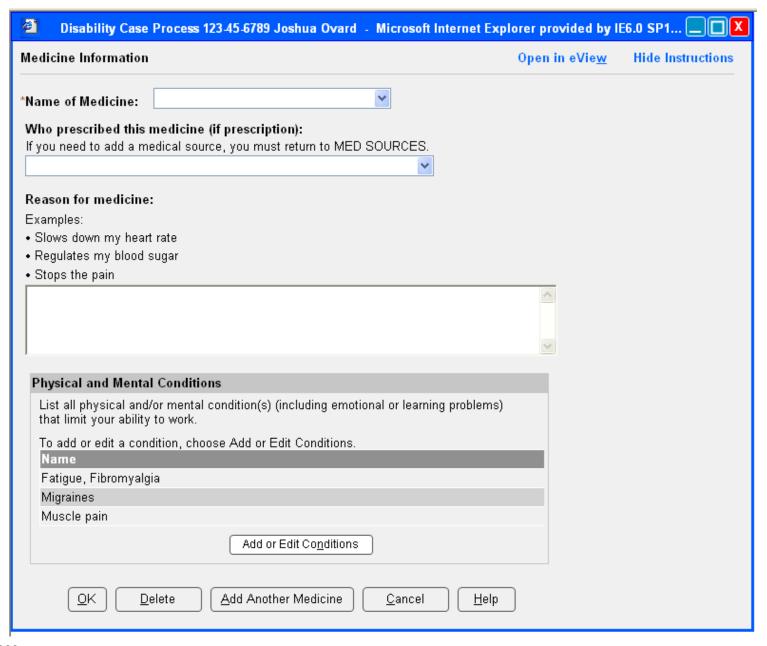
Physical and Mental Condition Information – Plan B Claimant adds physical or mental condition while adding test



Medicines Summary

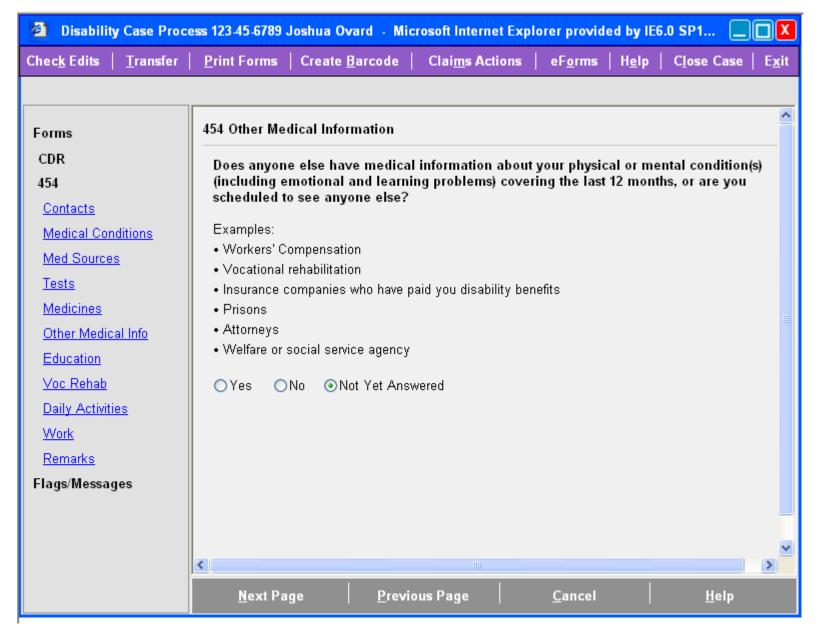


Medicine Information



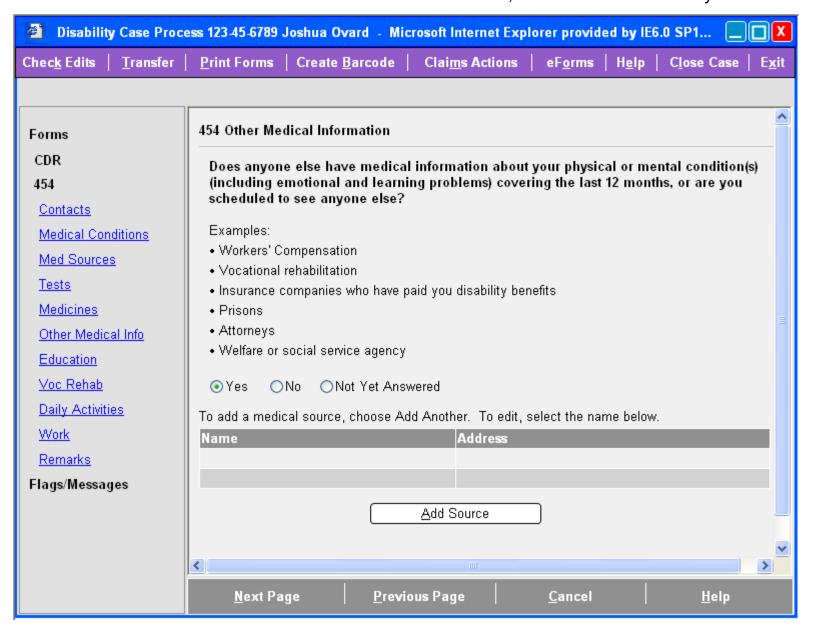
Other Medical Information

Initial View



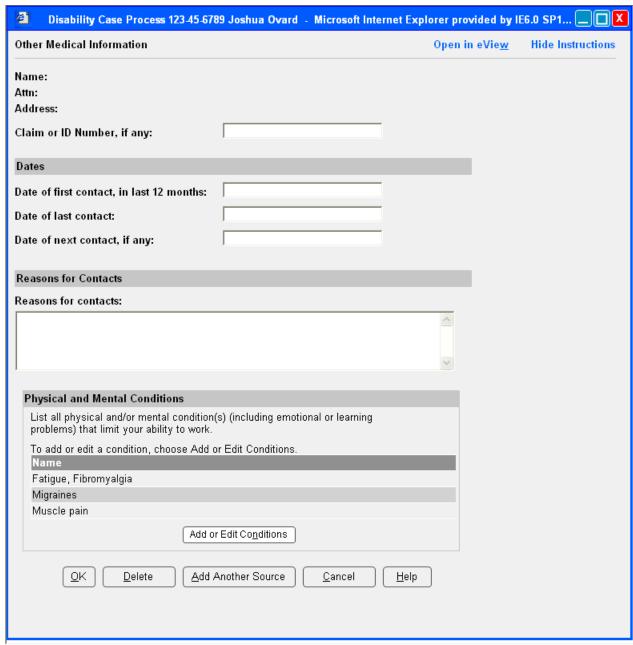
Other Medical Information

User has indicated claimant has other medical source, but has not entered any



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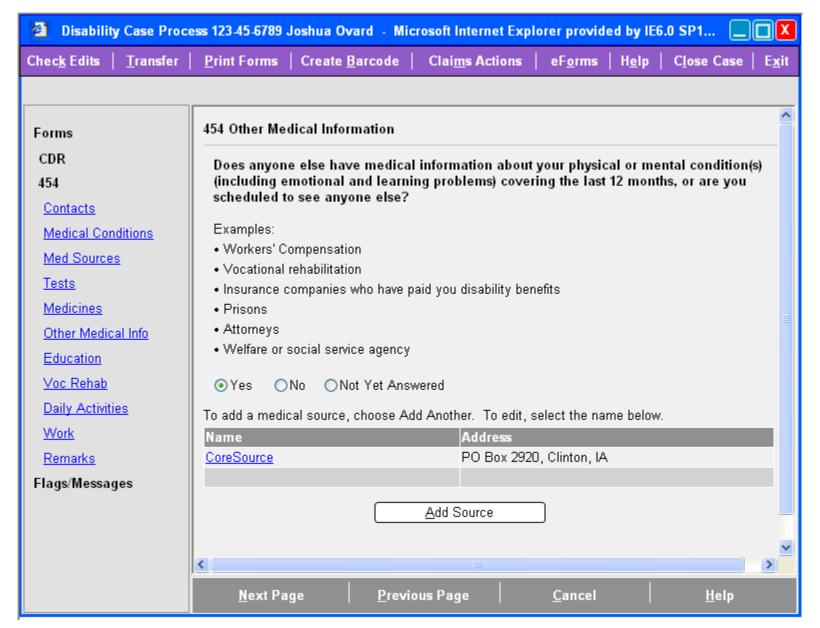
Other Medical Information



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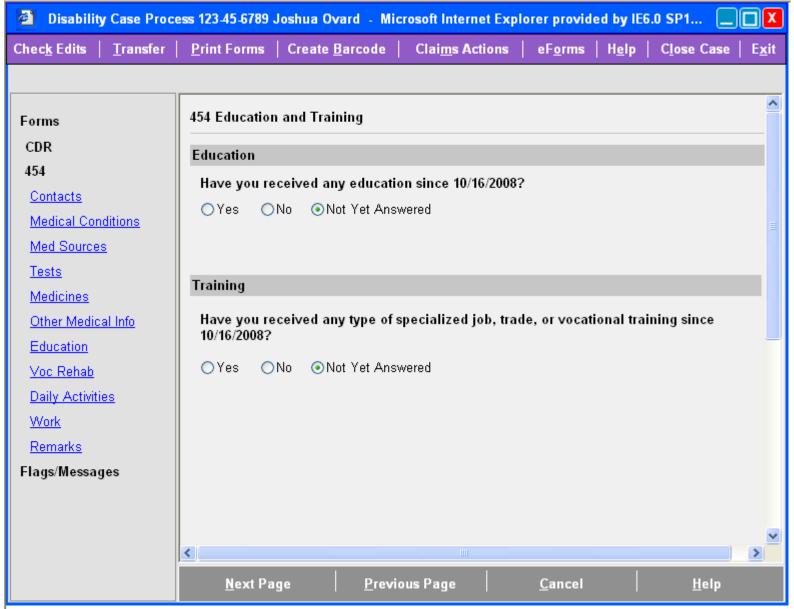
Other Medical Information

User has entered an other medical source



Education and Training

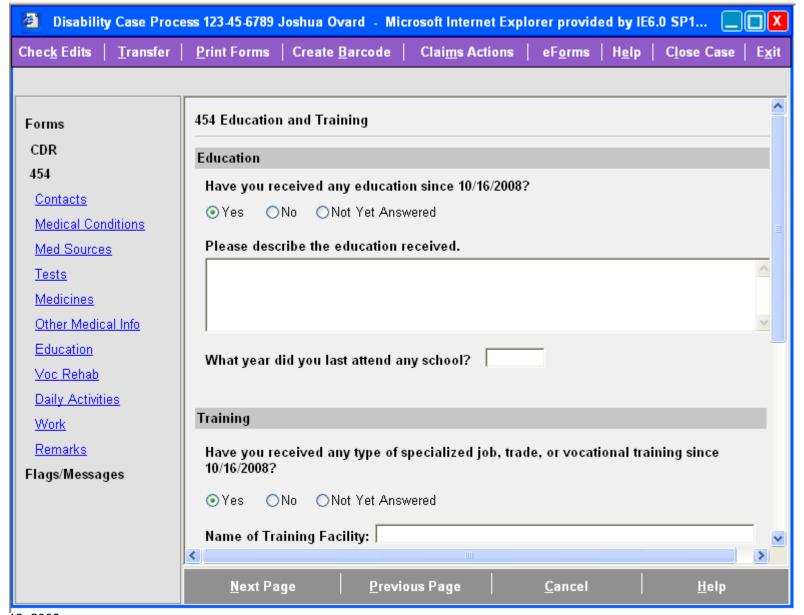
Initial View



May 13, ∠∪∪9

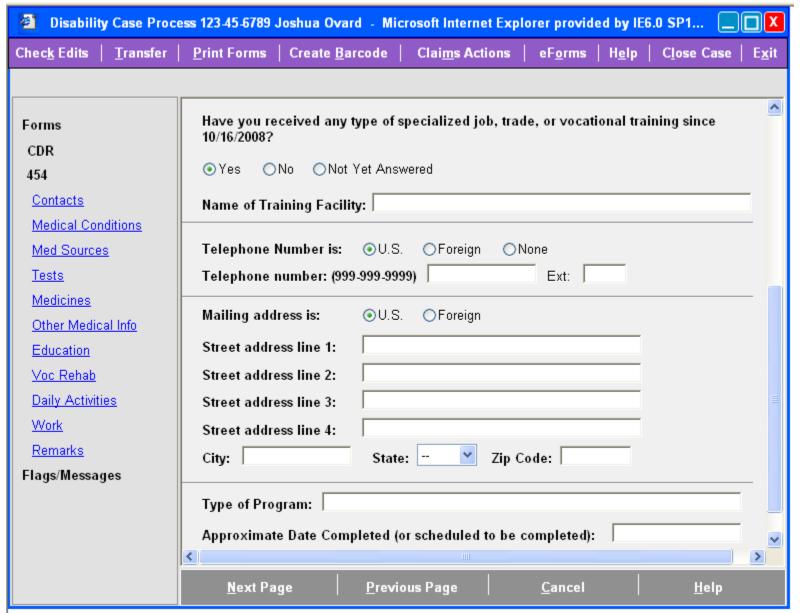
Education and Training, Part 1 of 2

User has indicated claimant received education and training



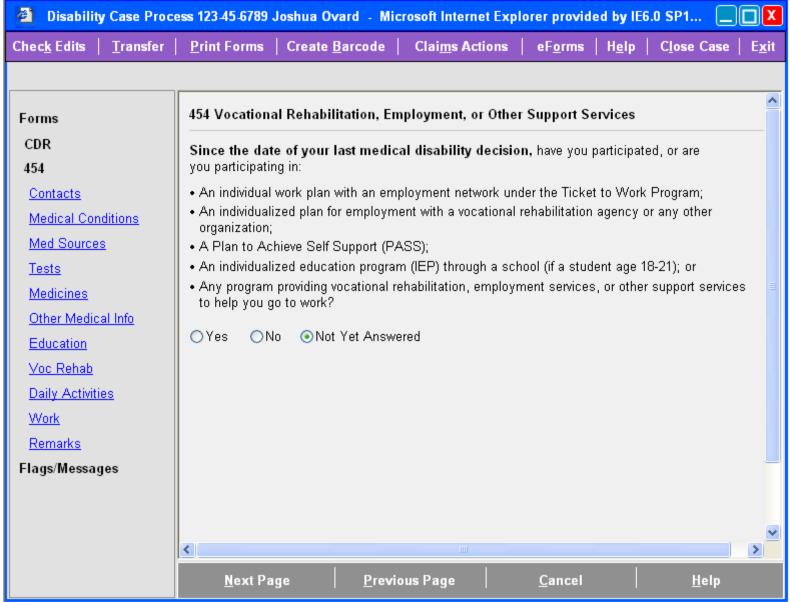
Education and Training, Part 2 of 2

User has indicated claimant received training



May ¹₁ʒ, ∠υυッ 42

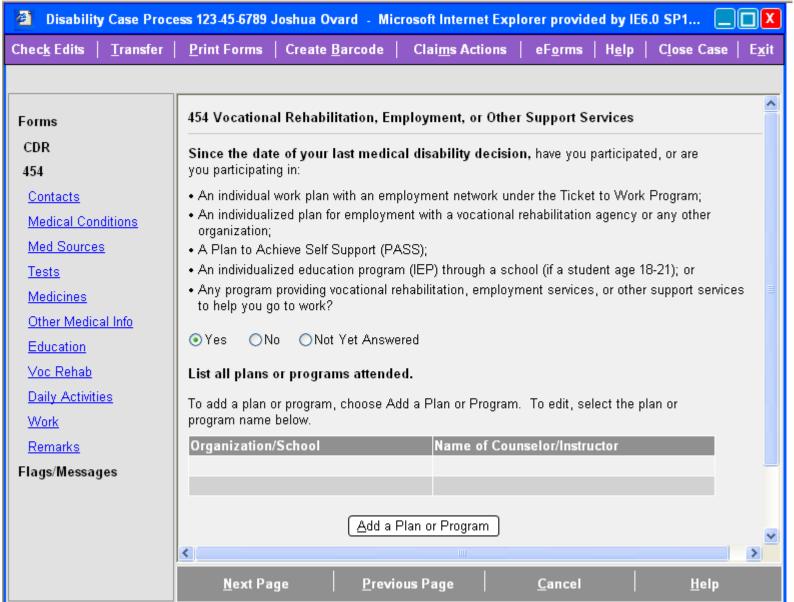
Vocational Rehabilitation, Employment, or Other Support Services Initial View



May 13, ∠∪∪y 43

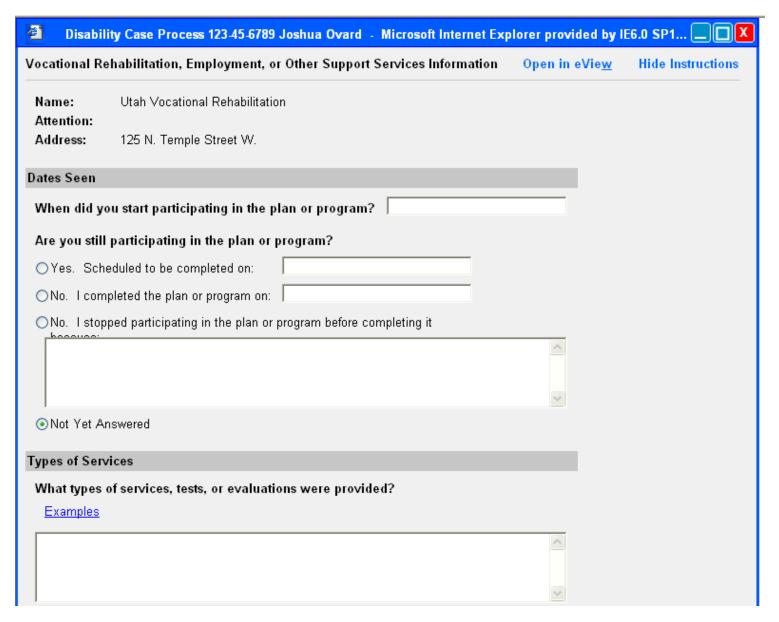
Vocational Rehabilitation

User has indicated claimant received vocational rehabilitation, but has not entered any

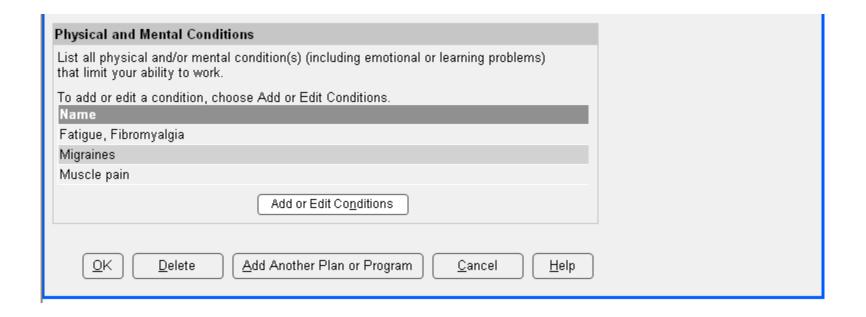


May 1..., ____

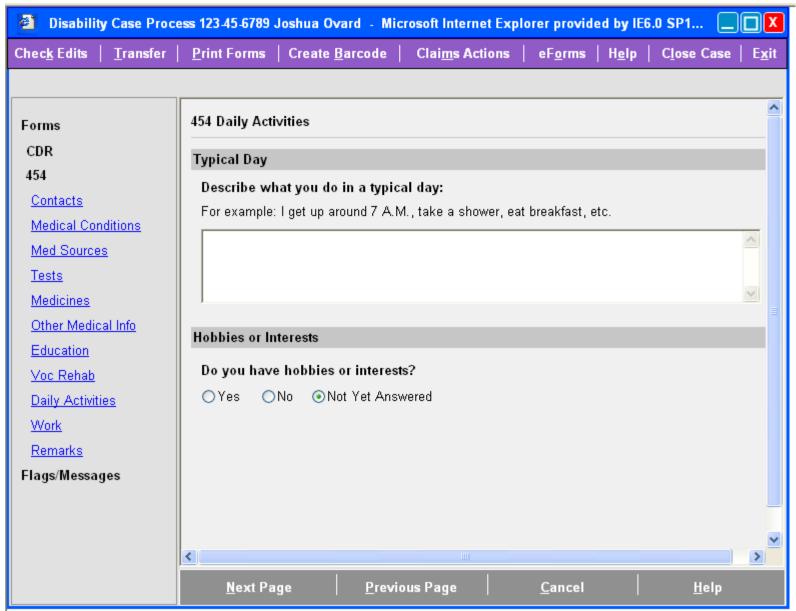
Vocational Rehabilitation, Employment, or Other Support Services Information, Part 1 of 2



Vocational Rehabilitation, Employment, or Other Support Services Information, Part 2 of 2



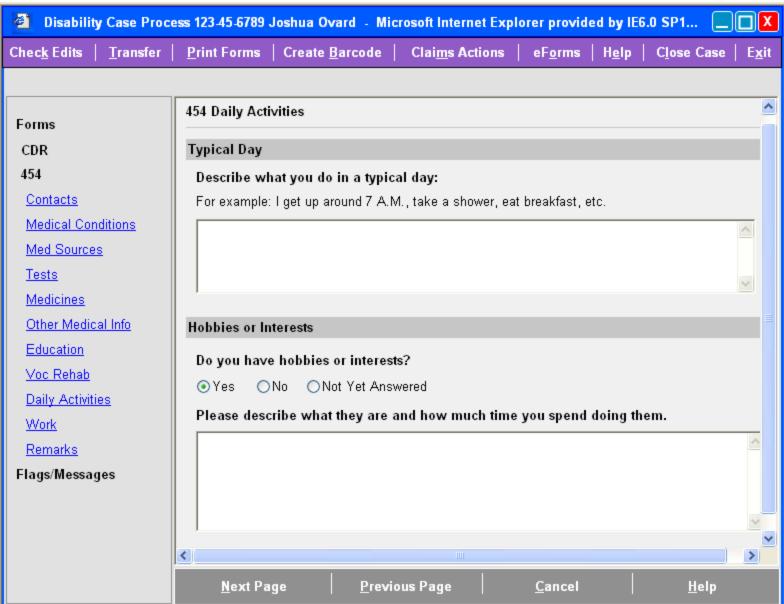
Daily Activities Initial View



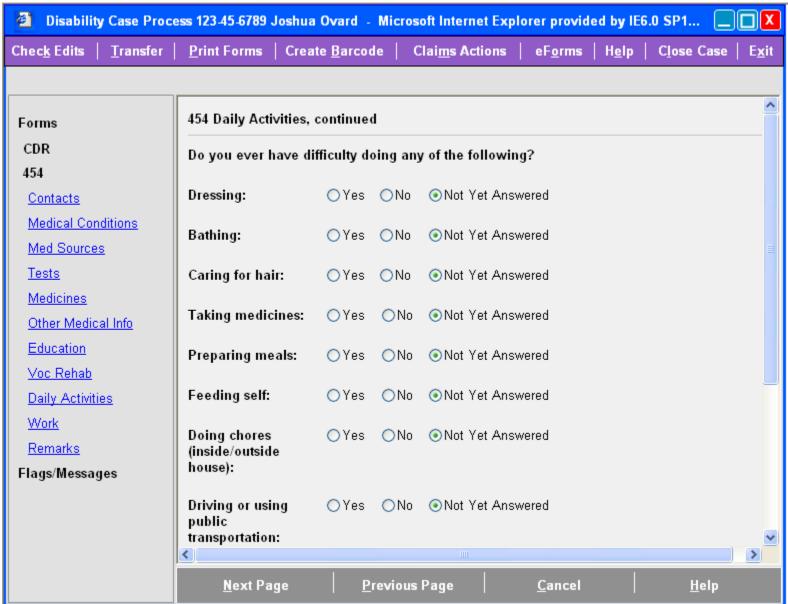
May 1, 2, 2009

Daily Activities

User has indicated claimant has hobbies or interests

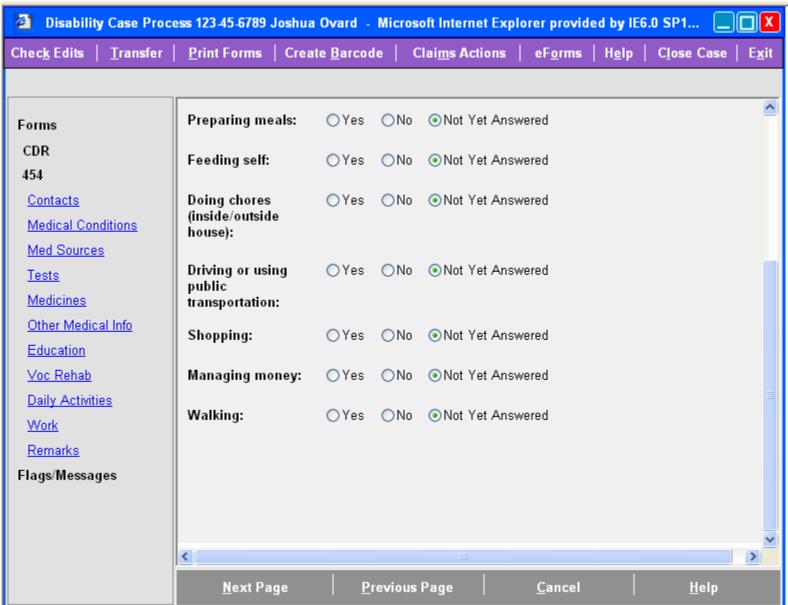


Daily Activities, continued, Part 1 of 2 Initial View



May 1.5, 2000

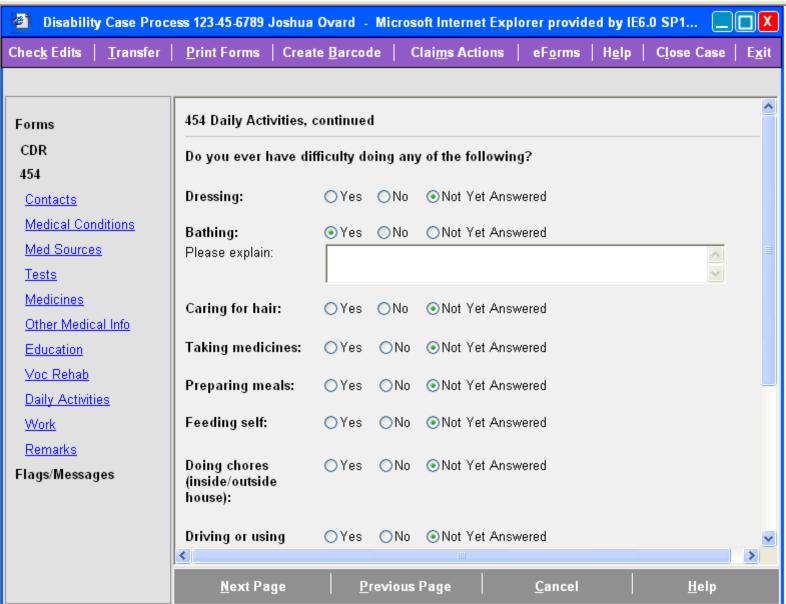
Daily Activities, continued, Part 2 of 2 Initial View



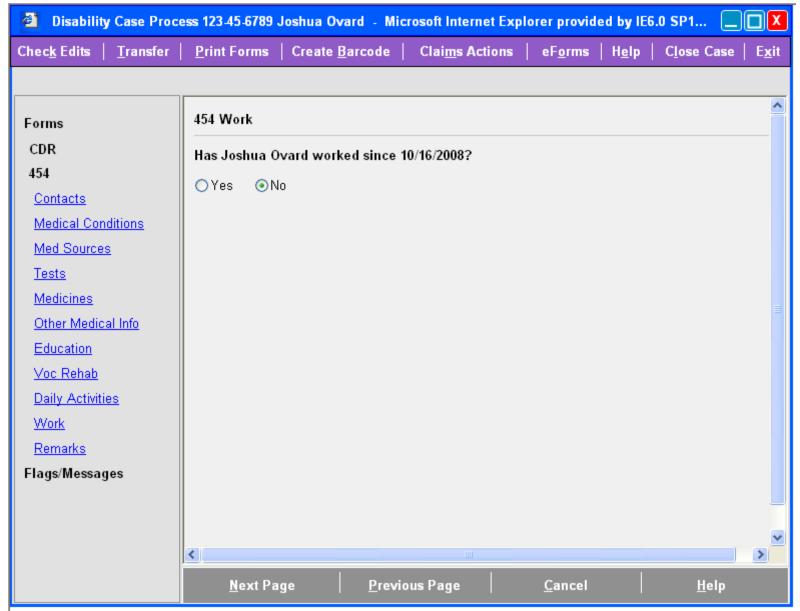
May 1.0, 2000

Daily Activities, continued

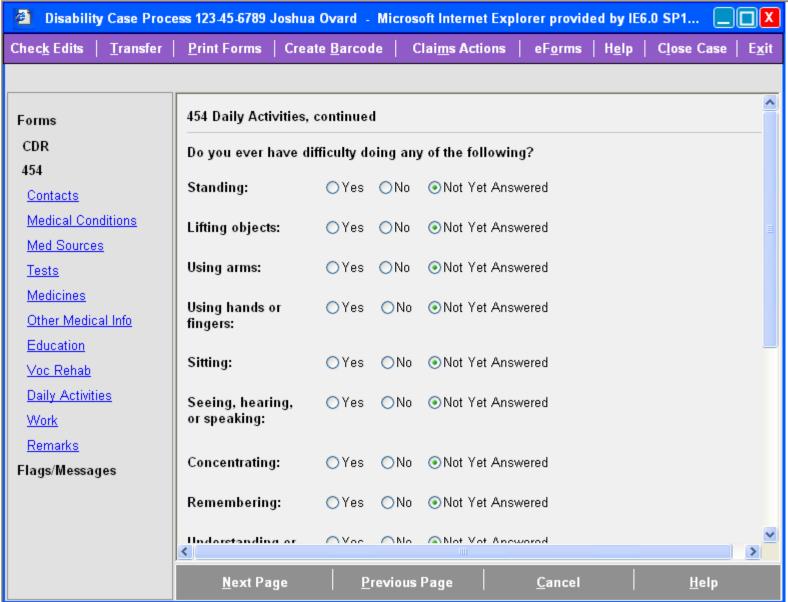
User has indicated claimant has difficulty bathing



Work

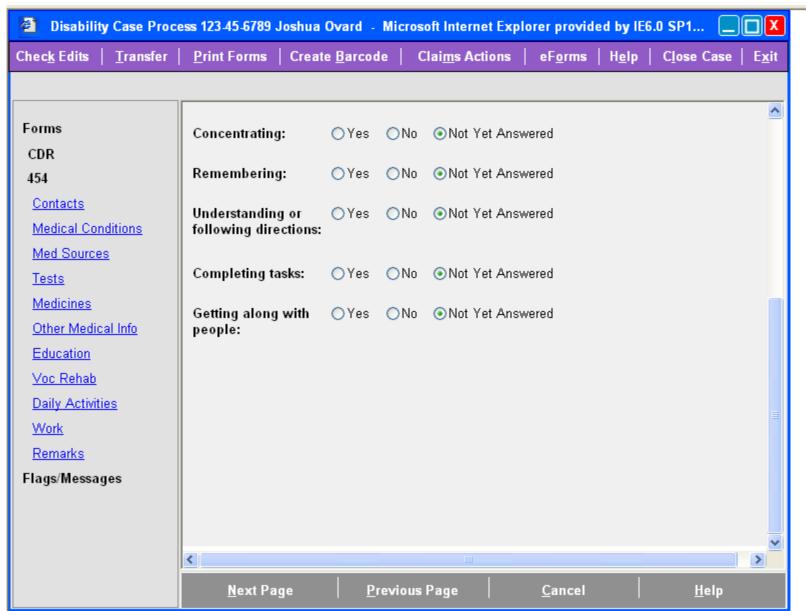


Daily Activities, cont 2, Part 1 of 2 Initial View



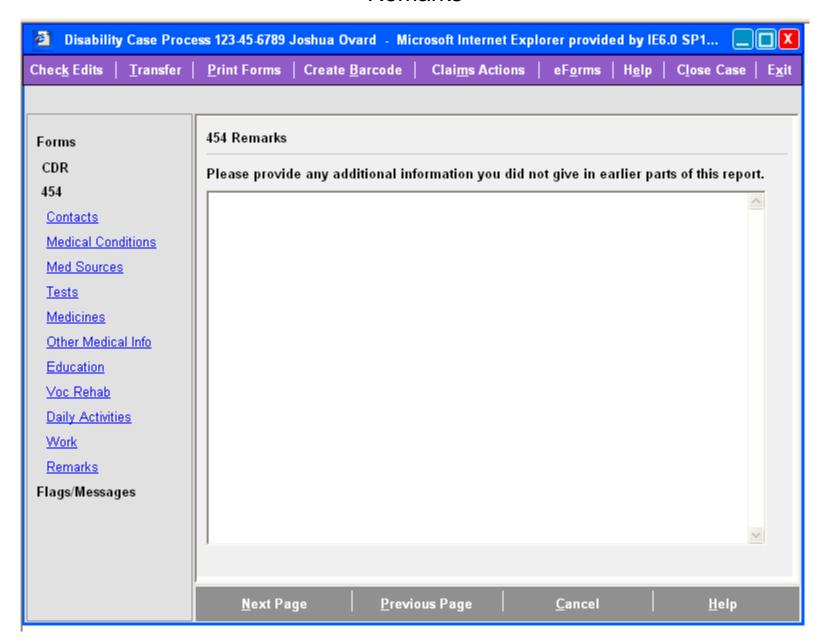
May 1, 111 53

Daily Activities, cont 2, Part 2 of 2 Initial View



May 10, 2000

Remarks



SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 221(i), 223(d), 1614(a), 1631(e), and 1633(c) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to determine eligibility for benefits. We may also share your information for the following purposes, called routine uses:

- To applicants, claimants, prospective applicants or claimants, other than the data subject, their authorized representatives or representative payees to the extent necessary to pursue Social Security claims and to representative payees when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting Social Security Administration (SSA) in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and
- To private medical and vocational consultants for use in making preparation for, or evaluating the results of, consultative medical examinations or vocational assessments which they were engaged to perform by SSA or a State agency acting in accord with sections 221 or 1633 of the Act.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784, and 60-0320, entitled Electronic Disability Claim File, as published in the FR on December 22, 2003, at 68 FR 71210. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

SSA will insert the following revised PRA Statement into the form as soon as possible:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction</u> 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 60 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. 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 regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.