1st Party

Section 1: Information about the Disabled Person

Apply for Benefits

Paperwork Reduction Act

1 Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | Medical | Work/Education | Remarks | Review

Contact Information for Tony Tiger

Mailing Address:

Country:

Street Address:

Street Line 1:

Street Line 2: Add Line

City/Town: **State/Territory:** -- **ZIP Code:**

Daytime Phone Number:

U.S. International

10-digit Number

Another phone number where we may reach you:

U.S. International

10-digit Number Ext

In this section...

Contact Information

Re-entry Number

Your privacy is important.

For details about our use of your information, we encourage you to read our Privacy Act Statement.

Ability to Communicate in English

Can you speak and understand English?

Yes No

Can you read and understand English?

Yes No

Can you write more than your name in English?

Yes No

Other Names

Have you used any other names on medical or educational records?
Examples: Maiden name, other married name, or nickname

○ Yes ○ No

Next

Section 2-Contacts

Someone Who Knows About Your Conditions

Give the name of someone we can contact who knows about your medical conditions and can help you with your claim. This may be a family member or friend who knows about your daily life. Do not include your doctor.

Do you know someone we can contact about your condition?

Yes ○ No

Name:

First Middle Last -- Suffix

Relationship to You:

--

What is the address of this person?

○ Same as my address: 1324 Some Street, Baltimore, MD 21201

○ Enter a different address:

Address:

Country:

Street Address:

Street Line 1:

Street Line 2: Add Line

In this section...

- Conditions
- **Other Contact**
- Doctors
- Hospitals
- Tests
- Medicines
- Other Medical Records

City/Town: **State/Territory:** -- **ZIP Code:**

What is the daytime phone number of this person?

- Same as my phone number: (410) 325-8132
- Enter a different daytime phone number:

Preferred Language

Can this person speak and understand English?

- Yes
- No

What language does this person prefer?

--

Next | Previous | Save & Exit

Section 3: Medical Conditions

Conditions for Tony Tiger

List ALL the Physical or Mental Condition(s) (including emotional or learning problems) that limit your ability to work (Example: Back Injury, Arthritis, Diabetes, Glaucoma, Depression, Blind). We will consider these conditions whether or not you have been receiving treatment. Use your own words if you do not know the medical names. Please enter **only** one condition per box.

1st Condition:

2nd Condition:

In this section...

- Conditions
- Other Contact
- Doctors
- Hospitals
- Tests
- Medicines
- Other Medical Records

What is your weight without shoes?

lbs

Does your condition cause you pain or other symptoms?

Yes No

Section 4: Work Activity

Work Activity for Tony Tiger

We need to know more about your reasons for stopping work and whether you made any changes in your work as a result of your condition(s).

When did you stop working?
If you don't know the exact date, enter the closest date you can remember.

-- Month -- Day Year

Why did you stop working?

- Because of my condition
- Because of my condition AND other reasons
- Because of other reasons

Did your condition(s) cause you to make changes in your work activity before you stopped working? More Info

Yes No

Next Previous Save & Exit

If yes,

When did you make changes?
If you don't know the exact date, enter the closest date you can remember.

-- Month | -- Day | Year

Next | Previous | Save & Exit

Job History for Tony Tiger

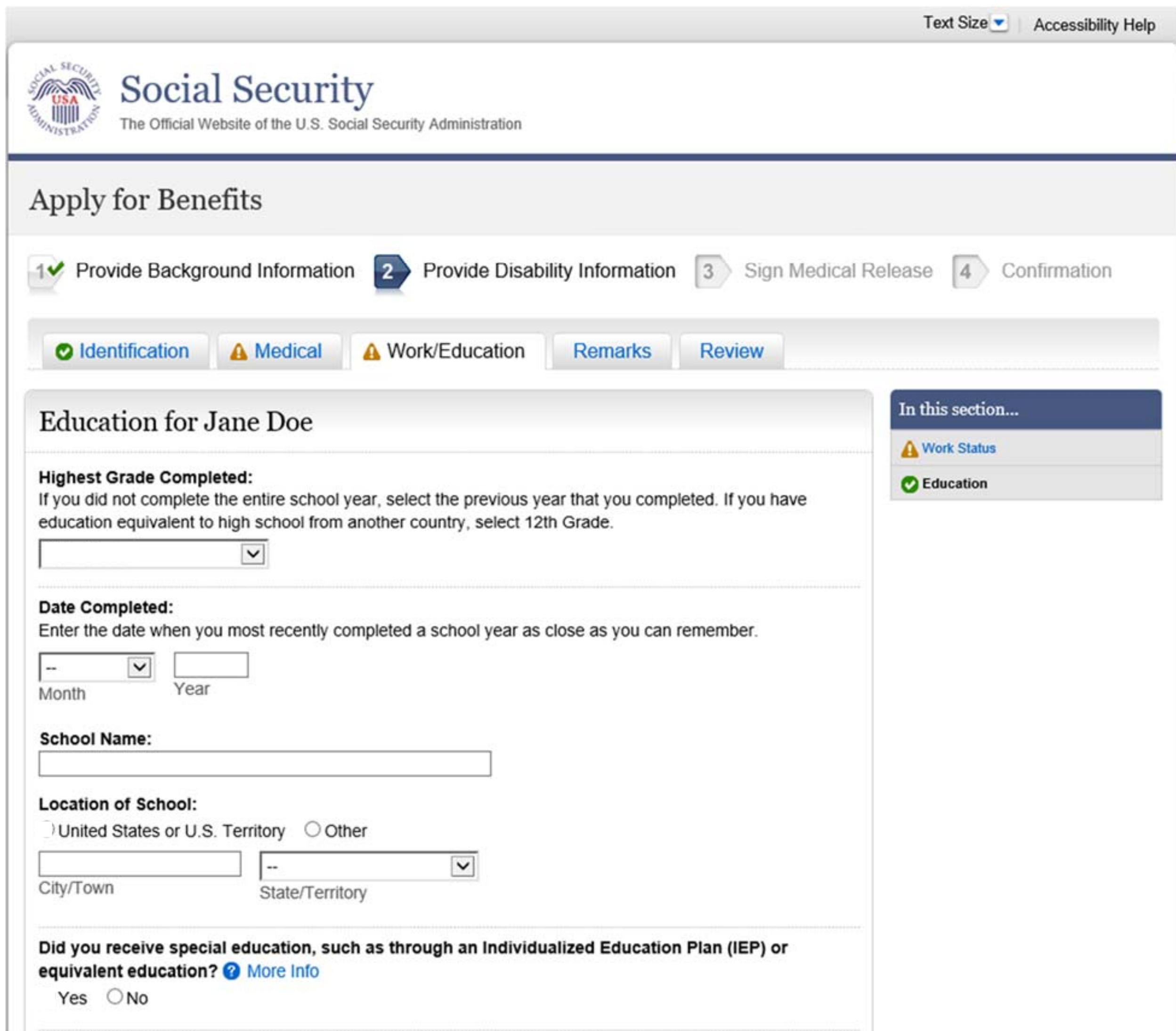
Since Sep 10, 2011, have you had gross earnings greater than $1000 in any month? Do not count sick leave, vacation, or disability pay.
We may contact you for more information.

○ Yes ○ No

In this section...

- Work Status
- Work Activity
- Job History
- Education

Section 5 : Education and Training



Where did you last receive special education?
If the same school as entered above, select the check box below. Otherwise, please provide the name and location of the school below.

☐ Same school as above

School Name:
Enter the name of the school where you last received special education.

Location of School:
○ United States or U.S. Territory ◉ Other

City/Town

-- Country

Have you had special education at more than one school?
○ Yes ○ No

Special Education Start Date:
Enter the approximate date you started to receive special education.

-- Month

Year

Special Education End Date:
If you are still receiving special education, select the check box below. Otherwise, please provide the approximate end date.

-- Month

Year

☐ Still receiving Special Education

Last Grade You Received Special Education:
--

Reason(s) for IEP or equivalent education:
If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

Training

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

Yes ○ No

Type of Program:

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

Date Program Completed:

Enter the approximate date when you completed the program.

-- Month

Year

Language Information

What written language do you use every day in most situations (at home, work, school, in community, etc.)?

If the language is not listed, please select 'Other' and provide the language below.

--

If 'Other' is selected, please specify language:

In the language you identified above, can you read a simple message, such as a shopping list or short and simple notes?

○ Yes ○ No

In the language you identified above, can you write a simple message, such as a shopping list or short and simple notes?

○ Yes ○ No

Next Previous Save & Exit

Section 6: Work History

Job Listing

List the jobs (up to 5) that you have had in the past 15 years. Start with your most recent job.

Select the number of jobs you have had in the past 15 years:

--

Next | Previous | Save & Exit

Most Recent Job

Job Title:

Type of Business:

Start Date:

-- Month | Year

End Date:

-- Month | Year

Hours per Day:

Days per Week:

Rate of Pay:

$ Amount | -- Frequency

If yes,

Job Details

Describe this job: What did he do all day?
If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

In this job, did he use machines, tools, or equipment?
○ Yes ○ No

In this job, did he use technical knowledge or skills?
○ Yes ○ No

In this job, did he do any writing, complete reports, or perform any duties like this?
○ Yes ○ No

In this job, how many hours each day did he do each of the tasks listed below?

Do not include breaks and lunch.

Did he walk?
○ Yes ○ No

Did you walk?

◯ Yes ◯ No

Did you stand?

◯ Yes ◯ No

Did you sit?

◯ Yes ◯ No

Did you climb?

◯ Yes ◯ No

Did you stoop (bending down & forward at the waist?

◯ Yes ◯ No

Did you kneel (bending legs to rest on knees)?

◯ Yes ◯ No

Did you crouch (bending legs & back down & forward)?

◯ Yes ◯ No

Did you crawl?

◯ Yes ◯ No

Did you handle large objects?

◯ Yes ◯ No

Did you write, type or handle small objects?

○ Yes ○ No

Did you reach?

○ Yes ○ No

Please describe what you lifted, how far you carried things, and how often you were required to do so in your job:

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

Did you write, type or handle small objects?

◯ Yes ◯ No

Did you reach?

◯ Yes ◯ No

Please describe what you lifted, how far you carried things, and how often you were required to do so in your job:

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

How heavy were the items you frequently lifted (1/3 to 2/3 of the work day) in this job?

--

What was the heaviest weight you ever lifted in this job?

--

Did you supervise other people in this job?

◯ Yes ◯ No

Were you a lead worker?

◯ Yes ◯ No

Next | Previous | Save & Exit

Section 7: Medicines

Medicines

If you do not have any **medicines** to enter, click the **Next** button. Please make sure to include all the prescription and over the counter medicines that you are taking.

Status	Name of Medicine	Reason	Prescribed/Recommended by	Actions
No Medicines have been added.				

Add

In this section...

- Conditions
- Other Contact
- Doctors
- Hospitals
- Tests
- **Medicines**
- Other Medical Records

Next | Previous | Save & Exit

Section 8: Medical Treatment

Tests

Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits

Test Details

Kind of Test:

--

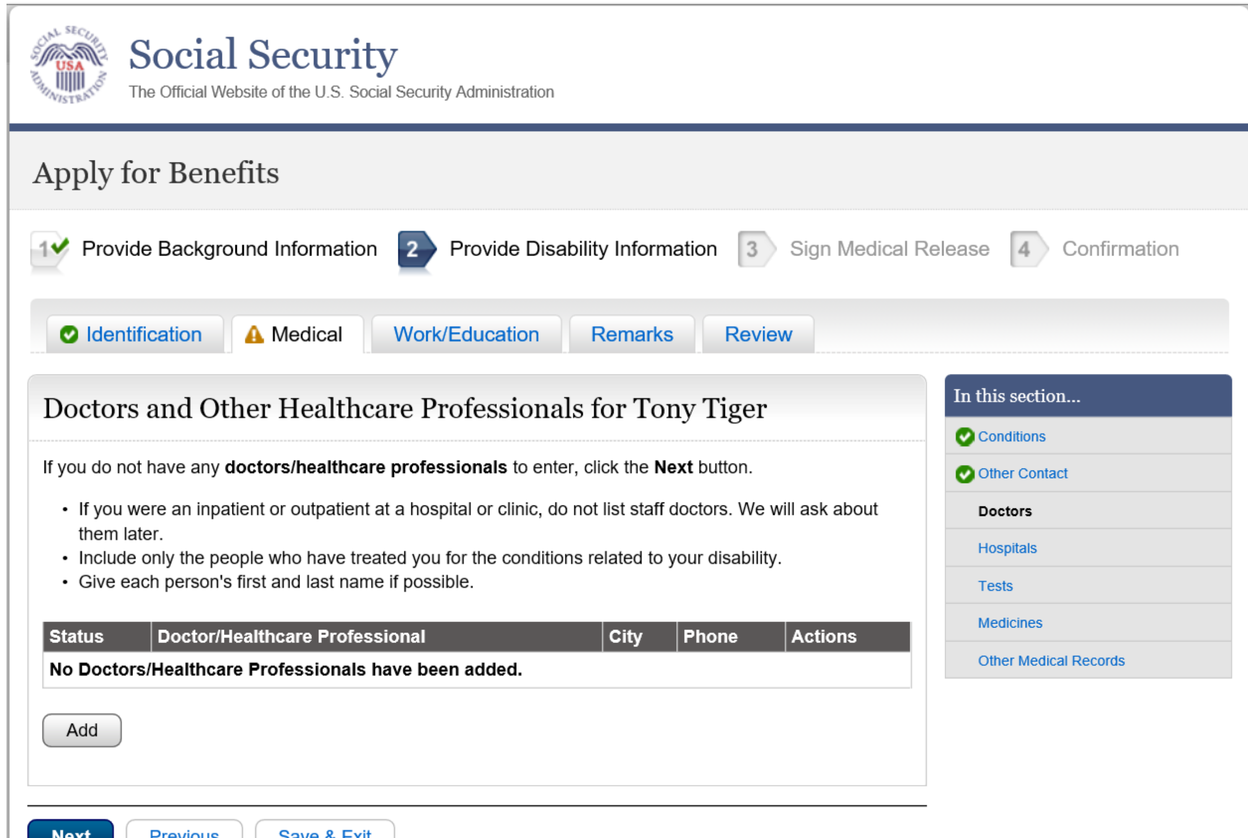
Date of Test: More Info

Who sent you or will send you for this test?
If the provider's name is not in the list, select "Other Doctor/Healthcare Professional" or "Other Hospital/Clinic".

☐ This provider ordered this test more than once.

Save | Cancel

Doctors and Other Healthcare Professionals



Doctor/Healthcare Professional Details

Name of Doctor/Healthcare Professional: More Info

-- Title | First | Last | Suffix

Office Name or Clinic, if applicable:

Doctor/Healthcare Professional's Address:
If you don't have the full street address, give us as much as you can.
Example: "On Main St next to the Courthouse"

Country:

Street Address:
Street Line 1:
Street Line 2: Add Line

City/Town: **State/Territory:** -- **ZIP Code:**

Doctor/Healthcare Professional's Phone Number:
U.S. International

10-digit Number Ext

Patient ID Number, if known:

Treatment Dates with this Doctor/Healthcare Professional

Please give us the closest date(s) you can remember. More Info

First visit:

Last visit:

Next visit:
Leave blank if no appointment scheduled.

Tests Ordered by this Doctor/Healthcare Professional

More Info

Has this doctor/healthcare professional ordered any tests for you?
This includes any medical tests you have had or will have.

Yes No

Medicines Recommended or Prescribed by this Doctor/Healthcare Professional

Has this doctor/healthcare professional recommended or prescribed any medicines for you?

Yes No

Medical Conditions Treated by this Doctor/Healthcare Professional

What medical conditions were treated or evaluated by this doctor/healthcare professional?
Examples: back injury, arthritis, diabetes, depression, blind. (1000 characters maximum)

Characters remaining: 1000

Treatment from this Doctor/Healthcare Professional

What treatment did you receive from this doctor/healthcare professional?
You DO NOT need to repeat any information that you have already told us about medicines and tests. Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 character maximum)

Characters remaining: 1000

Save Cancel

Hospitals and Clinics

Apply for Benefits

1 ✔ Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | Medical | Work/Education | Remarks | Review

Hospitals and Clinics for Tony Tiger

If you do not have any **hospitals/clinics** to enter, click the **Next** button.

Include all hospitals and clinics where you have been treated for the condition(s) related to your disability.

Status	Hospital/Clinic	City	Phone	Actions
No Hospitals/Clinics have been added.				

Add

In this section...

- Conditions
- Other Contact
- Doctors
- **Hospitals**
- Tests
- Medicines
- Other Medical Records

Next | Previous | Save & Exit

Hospital/Clinic Details

Name of Hospital/Clinic:

Name of Healthcare Professional who treated you, if known:

Address:
If you don't have the full street address, give us as much as you can.
Example: "On Main St next to the Courthouse"

Country:

Street Address:
Street Line 1:
Street Line 2: Add Line

City/Town: **State/Territory:** -- **ZIP Code:**

Hospital/Clinic Phone Number:
U.S. International

10-digit Number Ext

Hospital/Clinic Record Number, if known:

Treatment Dates at this Hospital/Clinic

More Info

Did you have any emergency room (ER) visits at this hospital/clinic?
ER Visit means you went to the ER and then went home.

○ Yes ○ No

Did you have an inpatient stay at this hospital/clinic?
Inpatient stay means you have stayed at least one night.

○ Yes ○ No

Did you have an outpatient visit at this hospital/clinic, or do you have one scheduled? More Info
Outpatient visit means you went home the same day.

○ Yes ○ No

Tests Ordered by this Hospital/Clinic

More Info

Have any of the doctors at this hospital/clinic ordered any tests for you?
This includes any medical tests you have had or will have.

○ Yes ○ No

Medicines Recommended or Prescribed by this Hospital/Clinic

Have any of the doctors at this hospital/clinic recommended or prescribed any medicines for you?

○ Yes ○ No

Medical Conditions Treated by this Hospital/Clinic

What medical conditions were treated or evaluated by this hospital/clinic?
Examples: back injury, arthritis, diabetes, depression, blind. (1000 characters maximum)

Characters remaining: 1000

Treatment from this Hospital/Clinic

What treatment did you receive for the above at this hospital/clinic?
You DO NOT need to repeat any information that you have already told us about medicines and tests. Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 characters maximum)

Characters remaining: 1000

Save | Cancel

Section 8: Other Medical Information

Other Medical Records for Tony Tiger

Although this does not apply to everyone, some people may have relevant medical records in other places. These other medical records may be available from:

- vocational rehabilitation services
- worker's compensation
- public welfare
- doctors in a prison or jail
- records held by an attorney or lawyer or
- medical records at another place

These other records may contain important information that we need to consider in evaluating the disability application.

Note: You do not need to list any organization that you have already mentioned.

If you do not have any sources of **other medical records**, please click the **Next** button.

Status	Name of Organization/Office	City	Phone	Actions
No Medical Records have been added.				

Add

Next | Previous | Save & Exit

In this section...

- Conditions
- Other Contact
- Doctors
- Hospitals
- Tests
- Medicines
- **Other Medical Records**

Other Medical Record Details

Name of Place:

Name of Contact:

First Last

Address:

If you don't have the full street address, give us as much as you can. Example: "On Main St next to the Courthouse"

Country:

Street Address:

Street Line 1:

Street Line 2: Add Line

City/Town: **State/Territory:** -- **ZIP Code:**

Daytime Phone Number:

U.S. International

10-digit Number Ext

First visit:
Please give us the closest date you can remember.

Last visit:
Please give us the closest date you can remember.

Next visit:
Leave blank if no appointment scheduled.

Case Number, if any:

Reason for Visits or Services:
If you need more space, continue in the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

Save Cancel

3rd Party

Section 1: Information about the Disabled Person

Contact Information for Tony Tiger

Mailing Address:

Country:

Street Address:

Street Line 1:

Street Line 2: Add Line

City/Town: **State/Territory:** -- **ZIP Code:**

Daytime Phone Number:

U.S. International

10-digit Number

Another phone number where we may reach Tony Tiger:

U.S. International

10-digit Number Ext

In this section...

Preparer's Contact Information

Contact Information

Re-entry Number

Your privacy is important.

For details about our use of your information, we encourage you to read our Privacy Act Statement.

Ability to Communicate in English

Can Tony Tiger speak and understand English?

Yes No

Can Tony Tiger read and understand English?

Yes No

Can Tony Tiger write more than his name in English?

Yes No

Other Names

Has Tony Tiger used any other names on medical or educational records?

Examples: Maiden name, other married name, or nickname

Yes No

Next Previous

Section 2: Contacts

Someone Who Knows About Tony Tiger's Conditions

Give the name of someone we can contact who knows about his medical conditions and can help him with his claim. This may be a family member or friend who knows about his daily life. Do not include his doctor.

Does Tony Tiger know someone we can contact about his condition?

(•) Yes ( ) No

Name:

First | Middle | Last | Suffix [-- ▾]

Relationship to Tony Tiger:

[-- ▾]

What is the address of this person?

( ) Same as Tony Tiger's address: 1324 Some Street, Baltimore, MD 21206

( ) Enter a different address:

What is the daytime phone number of this person?

( ) Same as Tony Tiger's phone number: (410) 325-8132

( ) Enter a different daytime phone number:

In this section...

- Conditions
- **Other Contact**
- Doctors
- Hospitals
- Tests
- Medicines
- Other Medical Records

Preferred Language

Can this person speak and understand English?

( ) Yes (•) No

What language does this person prefer?

[-- ▾]

Next | Previous | Save & Exit

Section 3: Medical Conditions

Conditions for Tony Tiger

List ALL the Physical or Mental Condition(s) (including emotional or learning problems) that limit your ability to work (Example: Back Injury, Arthritis, Diabetes, Glaucoma, Depression, Blind). We will consider these conditions whether or not you have been receiving treatment. Use your own words if you do not know the medical names. Please enter **only** one condition per box.

1st Condition:

2nd Condition:

In this section...

- Conditions
- Other Contact
- Doctors
- Hospitals
- Tests
- Medicines
- Other Medical Records

What is his weight without shoes?

lbs

Does his condition cause him pain or other symptoms?

○ Yes ○ No

Section 4: Work Activity:

Work Activity for Tony Tiger

We need to know more about Tony Tiger's reasons for stopping work and whether he made any changes in his work as a result of his condition(s).

When did he stop working?
If he doesn't know the exact date, enter the closest date he can remember.

-- Month -- Day Year

Why did he stop working?

○ Because of his condition
○ Because of his condition AND other reasons
○ Because of other reasons

Did his condition(s) cause him to make changes in his work activity before he stopped working?

More Info

Yes ○ No

When did he make changes?
If he doesn't know the exact date, enter the closest date he can remember.

-- Month -- Day Year

Next Previous Save & Exit

In this section...

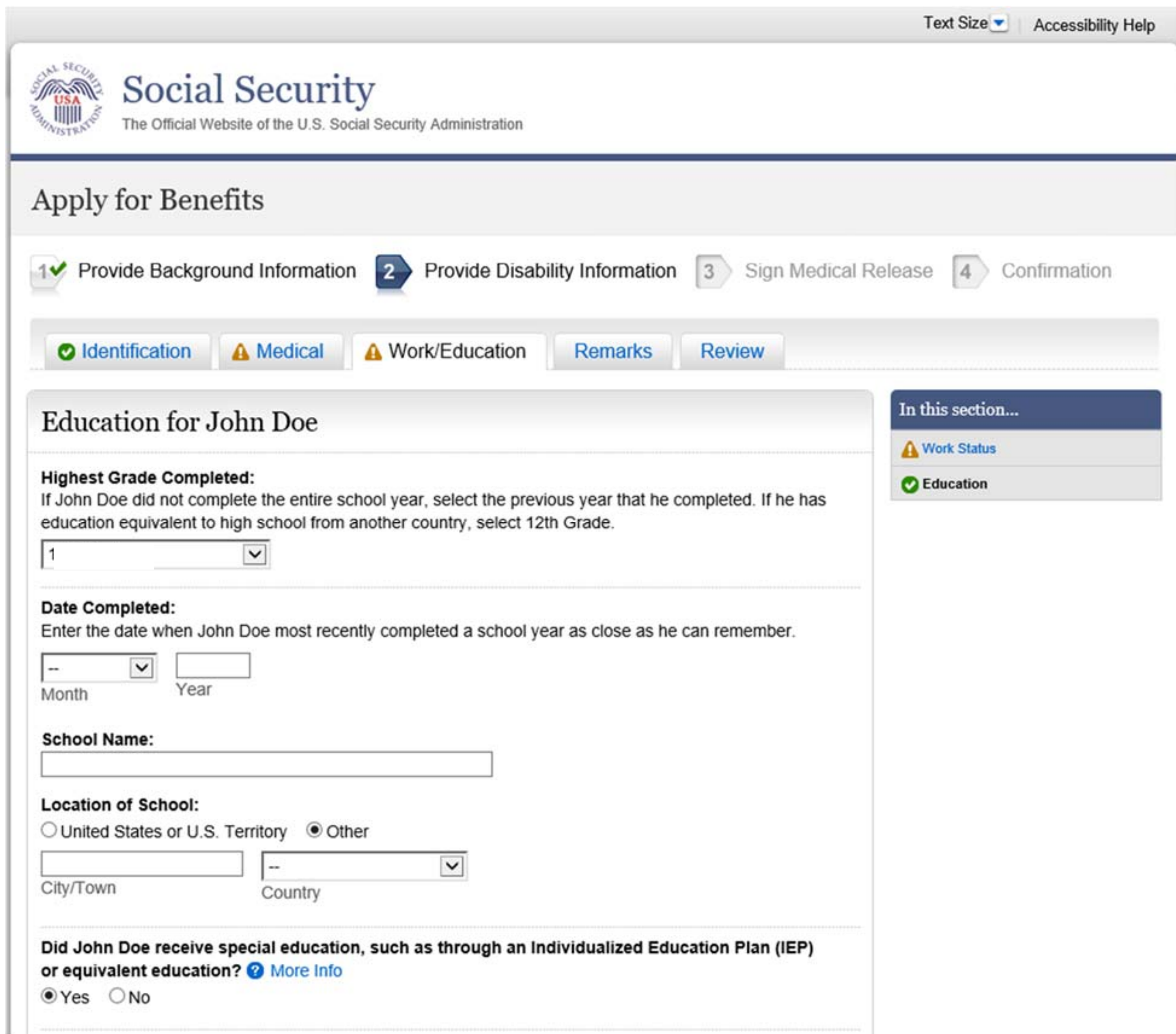
- Work Status
- Work Activity
- Education

Job History for Tony Tiger

Since Sep 10, 2011, has Tony Tiger had gross earnings greater than $1000 in any month? Do not count sick leave, vacation, or disability pay.
We may contact him for more information.
○ Yes ○ No

In this section...
- Work Status
- Work Activity
- Job History
- Education

Section 5: Education and Training



Text Size | Accessibility Help

Social Security
The Official Website of the U.S. Social Security Administration

Apply for Benefits

1 Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | Medical | Work/Education | Remarks | Review

Education for John Doe

Highest Grade Completed:
If John Doe did not complete the entire school year, select the previous year that he completed. If he has education equivalent to high school from another country, select 12th Grade.
1

Date Completed:
Enter the date when John Doe most recently completed a school year as close as he can remember.
-- Month | Year

School Name:

Location of School:
○ United States or U.S. Territory ◉ Other
City/Town | -- Country

Did John Doe receive special education, such as through an Individualized Education Plan (IEP) or equivalent education? More Info
◉ Yes ○ No

In this section...
- Work Status
- Education

Where did John Doe last receive special education?
If the same school as entered above, select the check box below. Otherwise, please provide the name and location of the school below.

☐ Same school as above

School Name:
Enter the name of the school where John Doe last received special education.

Location of School:
◉ United States or U.S. Territory ○ Other

City/Town

-- State/Territory

Has he had special education at more than one school?
○ Yes ○ No

Special Education Start Date:
Enter the approximate date he started to receive special education.

-- Month

Year

Special Education End Date:
If he is still receiving special education, select the check box below. Otherwise, please provide the approximate end date.

-- Month

Year

☐ Still receiving Special Education

Last Grade John Doe Received Special Education:
--

Reason(s) for IEP or equivalent education:
If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

Section 5: Education and Training

Education and Training for Tony Tiger

Highest Grade Completed:
If Tony Tiger did not complete the entire school year, select the previous year that he completed.

--

Has Tony Tiger completed any type of special job training, trade or vocational school?
Yes No

Special Education

Did Tony Tiger attend special education classes? More Info
Yes No

School Name:

Location of School:
United States or U.S. Territory Other

City/Town

-- State/Territory

In this section...

- Work Status
- Work Activity
- Job History
- Education

Training

Has John Doe completed any type of specialized job training, trade, or vocational school?

○ Yes ○ No

Type of Program:

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

Date Program Completed:

Enter the approximate date when he completed the program.

-- Month

Year

Language Information

What written language does John Doe use every day in most situations (at home, work, school, in community, etc.)?

If the language is not listed, please select 'Other' and provide the language below.

--

If 'Other' is selected, please specify language:

In the language you identified above, can John Doe read a simple message, such as a shopping list or short and simple notes?

○ Yes ○ No

In the language you identified above, can John Doe write a simple message, such as a shopping list or short and simple notes?

○ Yes ○ No

Next | Previous | Save & Exit

Section 6: Job History

Job Listing

List the jobs (up to 5) that he has had in the past 15 years before he became unable to work because of his physical and/or mental conditions. Start with his most recent job.

Select the number of jobs he has had in the past 15 years before he became unable to work:

--

Next Previous Save & Exit

If yes,

Job Details

Describe this job: What did he do all day?

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

In this job, did he use machines, tools, or equipment?

Yes No

In this job, did he use technical knowledge or skills?

Yes No

In this job, did he do any writing, complete reports, or perform any duties like this?

Yes No

In this job, how many hours each day did he do each of the tasks listed below?

Do not include breaks and lunch.

Did he walk?

Yes No

Job Details continued

Did he walk?
○ Yes ○ No

Did he stand?
○ Yes ○ No

Did he sit?
○ Yes ○ No

Did he climb?
○ Yes ○ No

Did he stoop (bending down & forward at the waist?
○ Yes ○ No

Did he kneel (bending legs to rest on knees)?
○ Yes ○ No

Did he crouch (bending legs & back down & forward)?
○ Yes ○ No

Did he crawl?
○ Yes ○ No

Did he handle large objects?
○ Yes ○ No

Did he write, type or handle small objects?

○ Yes ○ No

Did he reach?

○ Yes ○ No

Please describe what he lifted, how far he carried things, and how often he was required to do so in his job:

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

How heavy were the items he frequently lifted (1/3 to 2/3 of the work day) in this job?

--

What was the heaviest weight he ever lifted in this job?

--

Did he supervise other people in this job?

○ Yes ○ No

Did he write, type or handle small objects?

○ Yes ○ No

Did he reach?

○ Yes ○ No

Please describe what he lifted, how far he carried things, and how often he was required to do so in his job:

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

How heavy were the items he frequently lifted (1/3 to 2/3 of the work day) in this job?

What was the heaviest weight he ever lifted in this job?

Did he supervise other people in this job?

○ Yes ○ No

Was he a lead worker?

○ Yes ○ No

Next | Previous | Save & Exit

Section 7: Medicines

Medicines

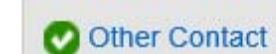
If he does not have any **medicines** to enter, click the **Next** button. Please make sure to include all the prescription and over the counter medicines that he is taking.

Status	Name of Medicine	Reason	Prescribed/Recommended by	Actions
No Medicines have been added.				

Add

Next | Previous | Save & Exit

In this section...

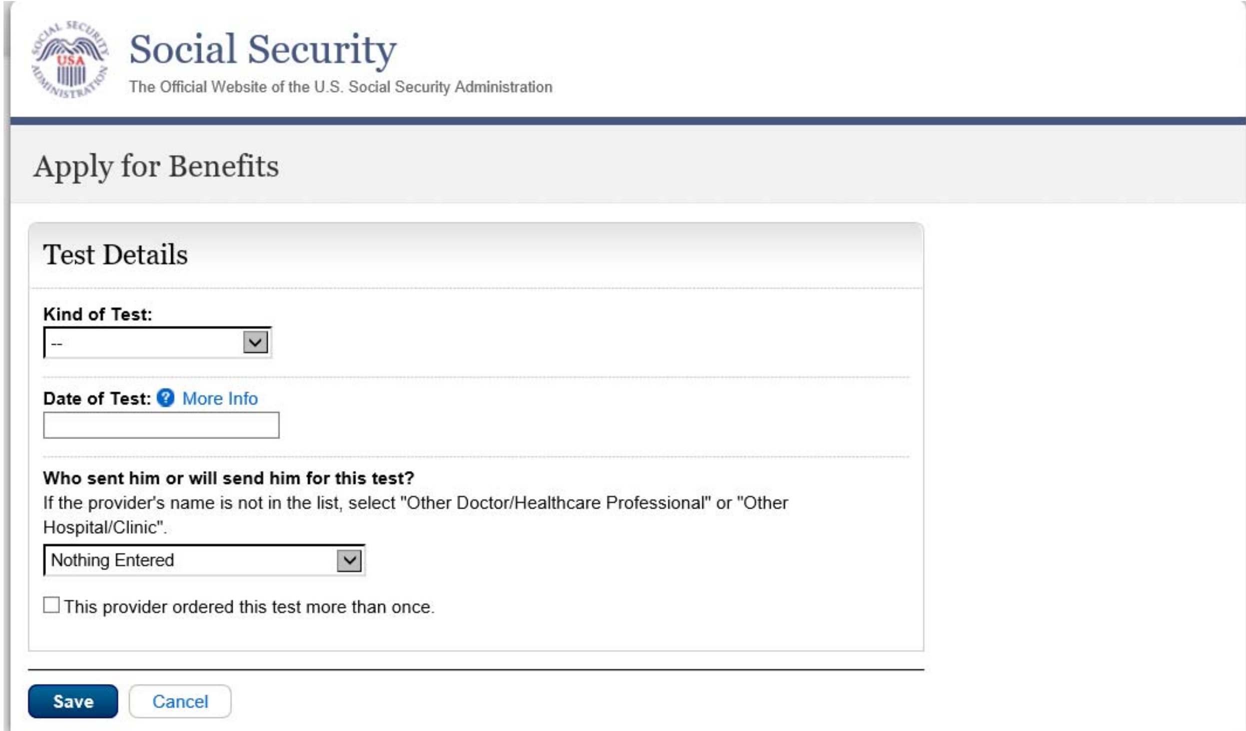


Medicines

Other Medical Records

Section 8: Medical Treatment

Test Details



Doctor and Other Healthcare Professionals

Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits

1 ✔ Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | Medical | Work/Education | Remarks | Review

Doctors and Other Healthcare Professionals for Tony Tiger

If he does not have any more **doctors/healthcare professionals** to enter, click the **Next** button.

- If he was an inpatient or outpatient at a hospital or clinic, do not list staff doctors. We will ask about them later.
- Include only the people who have treated him for the conditions related to his disability.
- Give each person's first and last name if possible.

Status	Doctor/Healthcare Professional	City	Phone	Actions
No Doctors/Healthcare Professionals have been added.				

Add

In this section...

- Conditions
- Other Contact
- **Doctors**
- Hospitals
- Tests
- Medicines
- Other Medical Records

Next | Previous | Save & Exit

Doctor/Healthcare Professional Details

Name of Doctor/Healthcare Professional: More Info

Title | First | Last | Suffix

Office Name or Clinic, if applicable:

Doctor/Healthcare Professional's Address:

If you don't have the full street address, give us as much as you can.

Example: "On Main St next to the Courthouse"

Country:

Street Address:

Street Line 1:

Street Line 2: Add Line

City/Town: **State/Territory:** **ZIP Code:**

Doctor/Healthcare Professional's Phone Number:

U.S. International

10-digit Number | Ext

Patient ID Number, if known:

Treatment Dates with this Doctor/Healthcare Professional

Please give us the closest date(s) he can remember. More Info

First visit:

Last visit:

Next visit:

Leave blank if no appointment scheduled.

Tests Ordered by this Doctor/Healthcare Professional

More Info

Has this doctor/healthcare professional ordered any tests for him?

This includes any medical tests he has had or will have.

○ Yes ○ No

Medicines Recommended or Prescribed by this Doctor/Healthcare Professional

Has this doctor/healthcare professional recommended or prescribed any medicines for him?

○ Yes ○ No

Medical Conditions Treated by this Doctor/Healthcare Professional

What medical conditions were treated or evaluated by this doctor/healthcare professional?

Examples: back injury, arthritis, diabetes, depression, blind. (1000 characters maximum)

Characters remaining: 1000

Treatment from this Doctor/Healthcare Professional

What treatment did he receive from this doctor/healthcare professional?
You DO NOT need to repeat any information that you have already told us about medicines and tests. Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 character maximum)

Characters remaining: 1000

Save Cancel

Hospitals and Clinics

Apply for Benefits

1 ✓ Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | Medical | Work/Education | Remarks | Review

Hospitals and Clinics for Tony Tiger

If he does not have any **hospitals/clinics** to enter, click the **Next** button.

Include all hospitals and clinics where he has been treated for the condition(s) related to his disability.

Status	Hospital/Clinic	City	Phone	Actions
No Hospitals/Clinics have been added.				

Add

In this section...

- Conditions
- Other Contact
- Doctors
- **Hospitals**
- Tests
- Medicines
- Other Medical Records

Next | Previous | Save & Exit

Hospital/Clinic Details

Name of Hospital/Clinic:

Name of Healthcare Professional who treated him, if known:

Address:
If you don't have the full street address, give us as much as you can.
Example: "On Main St next to the Courthouse"

Country:

Street Address:

Street Line 1:

Street Line 2:

Add Line

City/Town:

State/Territory:

--

ZIP Code:

Hospital/Clinic Phone Number:

U.S. International

10-digit Number

Ext

Hospital/Clinic Record Number, if known:

Treatment Dates at this Hospital/Clinic More Info

Did he have any emergency room (ER) visits at this hospital/clinic?
ER Visit means he went to the ER and then went home.

○ Yes ○ No

Did he have an inpatient stay at this hospital/clinic?
Inpatient stay means he has stayed at least one night.

○ Yes ○ No

Did he have an outpatient visit at this hospital/clinic, or does he have one scheduled? More Info
Outpatient visit means he went home the same day.

○ Yes ○ No

Tests Ordered by this Hospital/Clinic More Info

Have any of the doctors at this hospital/clinic ordered any tests for him?
This includes any medical tests he has had or will have.

○ Yes ○ No

Medicines Recommended or Prescribed by this Hospital/Clinic

Have any of the doctors at this hospital/clinic recommended or prescribed any medicines for him?

○ Yes ○ No

Medical Conditions Treated by this Hospital/Clinic

What medical conditions were treated or evaluated by this hospital/clinic?

Examples: back injury, arthritis, diabetes, depression, blind. (1000 characters maximum)

Characters remaining: 1000

Treatment from this Hospital/Clinic

What treatment did he receive for the above at this hospital/clinic?

You DO NOT need to repeat any information that you have already told us about medicines and tests. Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 characters maximum)

Characters remaining: 1000

Save Cancel

Medical Tests for Tony Tiger

If he does not have any **medical tests** to enter, click the **Next** button.

Status	Name of the Test	Test ordered by	Actions
No Tests have been added.			

Add

Next Previous Save & Exit

In this section...

- Conditions
- Other Contact
- Doctors
- Hospitals
- **Tests**
- Medicines
- Other Medical Records

Test Details

Kind of Test:

--

Date of Test: More Info

Who sent him or will send him for this test?

If the provider's name is not in the list, select "Other Doctor/Healthcare Professional" or "Other Hospital/Clinic".

This provider ordered this test more than once.

Save Cancel

Section 9: Other Medical Information

Other Medical Records for Tony Tiger

Although this does not apply to everyone, some people may have relevant medical records in other places. These other medical records may be available from:

- vocational rehabilitation services
- worker's compensation
- public welfare
- doctors in a prison or jail
- records held by an attorney or lawyer or
- medical records at another place

These other records may contain important information that we need to consider in evaluating the disability application.

Note: You do not need to list any organization that you have already mentioned.

If he does not have any sources of **other medical records**, please click the **Next** button.

Status	Name of Organization/Office	City	Phone	Actions
No Medical Records have been added.				

Add

Next Previous Save & Exit

In this section...

- Conditions
- Other Contact
- Doctors
- Hospitals
- Tests
- Medicines
- **Other Medical Records**

Other Medical Record Details

Name of Place:

Name of Contact:

First Last

Address:

If you don't have the full street address, give us as much as you can. Example: "On Main St next to the Courthouse"

Country:

United States or U.S. Territory

Street Address:

Street Line 1:

Street Line 2: Add Line

City/Town: **State/Territory:** -- **ZIP Code:**

Daytime Phone Number:

U.S. International

10-digit Number Ext

First visit:
Please give us the closest date he can remember.

Last visit:
Please give us the closest date he can remember.

Next visit:
Leave blank if no appointment scheduled.

Case Number, if any:

Reason for Visits or Services:
If you need more space, continue in the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

Save Cancel