
CLAIMANT'S RECENT MEDICAL TREATMENT

Claimant's Name:	SSN:	The last time your case was brought up-to-date: One year ago
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Please Answer the Following Questions:

1) Do you believe any of your medical conditions have changed over the last year? If yes, please describe in detail what has changed and how these changes have affected you:

2) Have you been treated or examined by a doctor over the last year? Yes No

(List the names and addresses of doctors who have treated or examined you over the last year and the dates of treatment or examination. If possible, you should submit an updated report from these doctors to the Administrative Law Judge prior to the date of your hearing.)

DOCTORS' NAME(S)	ADDRESS(ES)	PERIOD OF TIME SEEN

3) What have these doctors told you about your condition?

4) How frequently did you see these doctors? i.e. once a month, once a week, etc.

5) Have you undergone any testing, or evaluations by a specialist over the last year? If yes, please state the type of test or evaluation and the name and address of the person or place where the test or evaluation took place.

6) Have you been hospitalized over the past year? Yes No

(If yes, please state the name and address of the hospital, the reasons why you were hospitalized and what treatment you received.)

Name of Hospital	Address of Hospital	Reason For Hospitalization

PRIVACY ACT AND PAPERWORK ACT NOTICE

The Social Security Act (sections 205(a), 702, 1631 (e)(1)(A) and (B), and 1869(b)(1) and (C), as appropriate) authorizes the collection of information on this form. We will use the information on your medical background to help us decide if we need to obtain more information. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent, if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security office.

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. **Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.**