

**CLAIMANT'S RECENT MEDICAL TREATMENT**

A. To be completed by Hearing Office

<b>Claimant Name:</b>	<b>Social Security Number:</b>	The last time we brought your case up to date was:
		<b>Time Frame:</b> <b>Since the Request for Hearing was filed.</b>

B. To be completed by the Claimant

**Please answer the Following Questions:**

1) Have you been treated or examined by a doctor (other than a doctor at a hospital) since the above date?  Yes  No

*(List the names and addresses of doctors who have treated or examined you since the above date 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.)*

DOCTOR'S NAME(S)	ADDRESS(ES)	DATE(S)

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

3) Have you been hospitalized since the above date?  Yes  No

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

Name of Hospital	Address of Hospital (include ZIP Code)

If more space is needed, use additional sheets.

PLEASE READ THE PRIVACY ACT  
STATEMENT ON THE NEXT PAGE



\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**