

## Consultative Examination Quarterly Report

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**District:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reporting Period (check box)**

- Jan-Mar (due by April 30)
- April-June (due by July 31)
- July-Sept (due by Oct 31)
- Oct-Dec (due by Jan 31)

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Number of clients referred: \_\_\_\_\_

Number of rescheduled examinations: \_\_\_\_\_

Number of examinations missed two times: \_\_\_\_\_

Number of case closings (due to missed examinations): \_\_\_\_\_

**Based upon the examinations**

- Number of clients referred for SSI: \_\_\_\_\_
- Number of clients needing rehabilitation (not employable): \_\_\_\_\_
- Number of clients determined employable (no restrictions): \_\_\_\_\_
- Number of clients determined employable (with restrictions): \_\_\_\_\_

**Submit to:**

Susanne Haag at [Susanne.Haag@otda.state.ny.us](mailto:Susanne.Haag@otda.state.ny.us).

Submitted by: \_\_\_\_\_