

Consultative Examination Quarterly Report

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)

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 federal disability benefits: _____
- 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.ny.gov

Submitted by: _____