

IF REQUESTED BY THE STATE DISABILITY REVIEW UNIT (SDRU), THE CONTRACTOR MUST COMPLETE THE CONSULTATIVE EXAM APPOINTMENT HISTORY REPORT AND SEND IT TO:

State Disability Review Unit-OCP 826
State of New York
Department of Health
Albany, NY 12237

Client Name: Click here to enter name.		Date of Birth: Click here to enter a date.
Address: Click here to enter address. Click here to enter address.	Client ID Number(CIN): Click here to enter CIN.	Disability ID Number(DIN): Click here to enter DIN.

First Appointment: **Scheduled for:** Click here to enter a date. **at** Click here to enter time.

- by phone, agrees to attend, with confirming letter mailed
- by letter (no phone or unable to reach by phone)
- unable to contact client after two attempts at different times on different days:
Click here to enter a date. Click here to enter a date.

Reminder Phone call:

- unable to contact client after two attempts at different times on different days:
Click here to enter a date. Click here to enter a date.
- client contacted, will attend
- client contacted, will not attend because Click here to enter text.

First Appointment Status:

- client kept appointment (all exams/ tests completed Yes No)
- client did not keep the appointment, did not call
- client cancelled and will not/cannot re-schedule the appointment now or in the near future. Client told to contact the SDRU.
- client re-scheduled

Second Appointment: **Scheduled for:** Click here to enter text. **at** Click here to enter time.

- by phone, agrees to attend, with confirming letter mailed
- by letter (no phone or unable to reach by phone)
Click here to enter text.

Reminder Phone call:

- unable to contact client after two attempts at different times on different days:
Click here to enter a date. Click here to enter a date.
- client contacted, will attend the second appointment
- client contacted, will not attend second appointment. Client told to contact the SDRU.

Appointment Status:

- client kept second appointment (all exams/ tests completed Yes No)
- client did not keep the appointment, did not call
- client cancelled and will not/cannot re-schedule the appointment now or in the near future. Client told to contact the SDRU.

Third Appointment: **Approved by** Click here to enter name. **Scheduled for:** Enter a date. **at** Enter time.

- client kept third appointment, (all exams/ tests completed Yes No)
- client did not keep the third appointment, all paperwork returned to the SDRU.