

WISCONSIN CONSULTATIVE EXAMINATION INQUIRY

This information is being collected to recruit health professionals to perform consultative examinations for the Disability Determination Bureau (DDB). Personal identifiable information requested on this form will be used by DDB for Consultative Examination recruitment purposes only.

Name – (Please provide full name)	Telephone Number (including area code) Area Code Number
FAX Number (including area code) Area Code Number	E-mail address
Do you have a Wisconsin license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, license number Expiration Date
Do you have a license in other states? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please provide state, license number and expiration date State License Number Expiration Date State License Number Expiration Date State License Number Expiration Date

Are you a Board Certified Physician?

Yes No

If yes, what specialty(ies)

What age bracket have you seen in the past? (Check all that apply)

- Infants (Birth to 1)
- Child (2 to 5)
- Child (6 to 12)
- Adolescent (13 to 17)
- Adults (over 18)

Comments