DISABILITY DETERMINATION PHYSICIAN STATEMENT

To determine eligibility for many programs, in the absence of a written acknowledgment or decision by the Social Security Administration or Veterans Administration of a permanent disability, an applicant must provide a statement completed and signed by a licensed physician. This statement is designed to provide all evidence required to determine disability as defined by the Social Security Administration 42 U.S. C Sec. 423(d)(1)(A): "The inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

Date form completed:_____

Patient Name:

Date First Seen:

Date Last Seen:

For what conditions are you treating this patient (include diagnosis)?

Please list any assistive equipment (cane, walker etc.) required to perform any activities.

Please list all prescribed drugs that alone, or in combination with other drugs, may affect the patient's ability to work.

Can the patient engage in any substantial gainful activity or work*?* *(Do the patient's symptoms, including possible side effects of medication, affect his or her ability to perform the activities of daily living and function in the workplace?)*

How long do you expect that the patient will be unable to work?

____ 12 months or more

____ Less than 12 months

Physician's signature:

_____

Physician's Name, Address

_____