

PHYSICIAN'S REPORT FOR CHILD'S CLAIM OF DISABILITY

Patient's Name:

Patient's Address:

Birth Date:

Current Age:

Social Security Number:

Dear Doctor:

Please answer each of the following questions about your patient. The questions concern your patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if your patient is disabled, please make sure that it is legible, and that every question is answered completely. If a question is not applicable to the patient, please so indicate. If more room is needed, please use the reverse side of the page.

Part I - Medical Diagnosis

1. Give first and last dates of treatment and the average frequency of treatment.

2. Describe in detail the child's symptoms (the child's complaints and description of his or her impairments, including pain).

3. Describe in detail the child's signs (your clinical findings).

4. Give the results of the tests the child has received.

5. Please give your diagnosis(es).

6. Have or can any of the child's medical condition(s) lasted or be expected to last at least twelve months?

Yes _____ No _____

7. Does or could any medical condition cause the child pain?

Yes _____ No _____ If yes, please explain:

8. Does the child have to lie down during the day?

Yes _____ No _____ If yes, state the period of time and the reason:

9. Describe the treatment the child has received.

10(a). Give the medications prescribed for the child, including the dosage.

10(b). Do any of the child's medications have any side effects or limit the child's activities?

Yes _____ No _____ If yes, explain the side effects:

11. This question applies only if its number is circled. The Social Security Administration has established what is called a "listing of Impairments." Attached is a copy of that portion of the Listing of Impairments that may relate to the child's diagnosis or complaints. Does the child have an impairment that meets the Listing(s) of Impairments or is the medical equivalent to it?

Yes _____ No _____

If yes, please give the Impairment Listing Section(s) and a brief description of how the child's condition meets the Listing(s):

PART II: FUNCTIONAL CAPACITY

Note: SSI MUST CONSIDER FUNCTIONAL LIMITATIONS IN DETERMINING THE SEVERITY OF A CHILD’S CONIDITION. Functional limitations must be in the following areas: acquiring an using information, attending and completing tasks, interacting and relating with others, moving about and manipulating objects, caring for oneself, and health and physical well being. Please note that the following definitions apply:

Marked: a limitation is *marked* when it interferes seriously with the child’s ability to independently initiate, sustain, or complete activities. It also means that the limitation is more than moderate but less than extreme, and when standardized test scores are at least two, but less than three standard deviations below the mean (for birth to three – marked equals a child functioning at a level that is more than one-half but not more than two-thirds of the child’s chronological age).

Extreme: a limitation that interferes very seriously with the child’s ability to independently initiate, sustain, or complete activities. It is the functioning equivalent when standardized test scores are at least three standard deviations below the mean (for birth to three – extreme equals a child functioning at a level that is one-half of chronological age or less).

12. Does the child have limitation or impairment of function in any of the following areas? If so, please note how severe the limitation(s) are:

(A.) ACQUIRING AND USING INFORMATION: (how well the child acquires or learns information and how well the child uses the information the child has learned):

Moderate

Marked

Extreme

Describe:

(B.) ATENDING AND COMPLETING TASKS (how well a child is able to focus and maintain attention and how well the child begins, carries through, and finishes activities):

Moderate

Marked

Extreme

Describe: _____

(C.) INTERACTING AND RELATING WITH OTHERS (how well a child initiates and sustains emotional connections with other, develops and uses the language of the child's community, cooperates with others, complies with rules, responds to criticism, and respects and takes care of the possessions of others):

Moderate

Marked

Extreme

Describe: _____

(D.) MOVING ABOUT AND MANIPULATING OBJECTS (how a child moves one's body from one place to another and how the child moves and manipulates things – i.e. gross and fine motor skills):

Moderate

Marked

Extreme

Describe: _____

(E.) CARING FOR YOURSELF (how well a child maintains a healthy emotional and physical state, including how well the child gets to meet the child's physical and emotional wants and needs in appropriate ways, how the child copes with stress and changes in the child's environment; and whether the child takes care of the child's own health, possessions and living area).

Moderate

Marked

Extreme

Describe: _____

(F.) HEALTH AND PHYSICAL WELL-BEING (the cumulative physical effects of physical or mental impairments and their associated treatments or therapies on the child's functioning):

Moderate

Marked

Extreme

Describe: _____

15. Other Comments: _____

Physician Signature

Date

Physician – print name

Physician’s Specialty

Physician’s Address

_____, Connecticut, 06

Telephone number