

Social Security Disability Report - Child

The following disability report is to be used for Disability or SSI Benefits for your patient. We understand how valuable your time is, and this data sheet has been designed to allow you to provide medical information in an efficient and organized manner. Your records and medical judgment are vital in determining disability.

Childs Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Age: _____ Birth Date: _____ Current Grade in School: _____

1. Please list current diagnosis:

Axis 1 _____

Axis 2 _____

Axis 3 _____

Axis 4 _____

Axis 5 GAF _____ Highest GAF (past year) _____

DSM Code # _____

2. Please list all relevant findings and tests that support diagnosis.

3. Will condition last for longer than 12 months? Yes No

If yes please explain.

4. Please list current treatment regimen, include all medications and dosages:

5. Please describe significantly limiting therapeutic drug side-effects (e.g. sleepiness, blurry vision, dizziness, etc.) which patient has complained about to you.

6. Does child have medically documented persistence either continuous or intermittent of one of the following?

If YES check all that apply:

- Depressed or irritable mood
- Markedly Diminished interest or pleasure in almost all activities
- Appetite or Weight increase or decrease (or failure to make expected weight gains)
- Sleep Disturbance
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings or worthlessness or guilt
- Difficulty thinking or concentrating
- Suicidal thoughts or acts
- Hallucinations, delusions or paranoid thinking

OR: check all that apply:

- Increased activity or psychomotor agitation
- Increased talkativeness or pressured speech
- Flight of ideas or subjectively experienced racing thoughts
- Inflated self esteem or grandiosity
- Increased need for sleep
- Easy distractibility
- Hallucinations, delusions, or paranoid thinking
- Involvement in activities that have a high potential of painful consequences which are not recognized

7. Please indicate the level of impairment that this child has in the following domains of functioning using the criteria of: None, Mild, Marked or Extreme as applicable. None means there is no significant level of impairment. Mild does not seriously impair the ability to function. Marked seriously interferes with the ability to function independently. Extreme means the impairment is more severe than marked.

- Acquiring and Using Information ___None ___Mild ___Marked ___Extreme
- Attending and Completing Tasks ___None ___Mild ___Marked ___Extreme
- Interacting and Relating with Others ___None ___Mild ___Marked ___Extreme
- Caring for Himself / Herself ___None ___Mild ___Marked ___Extreme
- Moving and Manipulating Objects ___None ___Mild ___Marked ___Extreme

Please indicate earliest date these limitations apply: _____

Signature _____ Address _____

Print Name _____

Date Completed: _____