

MEDICAL AND JOB WORKSHEET - ADULT

Help us to help you!

Completing this worksheet will help you get ready for the interview. Or, you can complete the Adult Disability Report on the Internet at www.socialsecurity.gov/adulthooddisabilityreport. We may ask for additional information at the interview. *If you need more space, use blank sheets of paper.*

A. **Illnesses, injuries or conditions** limiting your ability to work. _____

B. Date you became unable to work because of your medical condition (*month/day/year*). _____

C. If applicable, **Medical Assistance Number** (*Medicaid or other*). _____

D. **Doctor/HMO/therapist/ or other person who treated your illnesses, injuries, or conditions, or who you expect to treat you in the future.**

NAME	ADDRESS, ZIP CODE, and PHONE NUMBER	PATIENT I.D. NUMBER	DATE FIRST SEEN	DATE LAST SEEN

E. **Hospitals, clinics, or emergency rooms** you visited or expect to visit because of your **illnesses, injuries, or conditions.**

NAME	ADDRESS, ZIP CODE, and PHONE NUMBER	PATIENT I.D. NUMBER	DATE IN	DATE OUT

F. Medications you take and **why** you take them. If **prescribed**, provide the **doctor's name**.

NAME OF MEDICINE	WHY YOU TAKE IT	PRESCRIBED BY

G. Medical tests you had or are going to have in the future.

NAME OF TEST	PLACE OF TEST	PERSON WHO SENT YOU	DATE(S)

H. Jobs you had in the 15 years before you became unable to work because of your illnesses, injuries, or conditions.

JOB TITLE <i>(e.g., cook)</i>	TYPE OF BUSINESS <i>(e.g., restaurant)</i>	DATES WORKED <i>(month/year)</i> FROM - TO	HOURS PER DAY	DAYS PER WEEK	RATE OF PAY <i>(per hour/ week/year)</i>