

**DISABILITY CHECKLIST**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CONSENT FOR RELEASE OF INFORMATION: \_\_\_\_\_

DATE ENTERED SCHOOL: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

TOTAL AMOUNT OF LOANS OBTAINED (Including interest): \_\_\_\_\_

NUMBER OF CANCELLATIONS: \_\_\_\_\_ AMOUNT OF UNPAID BALANCE: \_\_\_\_\_

EMPLOYMENT PRIOR TO DISABILITY: \_\_\_\_\_

\_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_

DATE AND NATURE OF ONSET: \_\_\_\_\_

\_\_\_\_\_

STATEMENT OF FINANCIAL SUPPORT: \_\_\_\_\_

MEDICAL EXAMINATION, TREATMENTS, HISTORY OF ILLNESS, HOSPITALIZATIONS, INPATIENT AND  
OUTPATIENT TREATMENTS, MEDICATIONS (Include copies of all pertinent past medical record  
in addition to documentation of a CURRENT medical  
evaluation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

PROGNOSIS: \_\_\_\_\_

REHABILITATION PLANS: \_\_\_\_\_

\_\_\_\_\_

IS ANY TYPE OF GAINFUL EMPLOYMENT POSSIBLE? \_\_\_\_\_

NOTES :