# **MEDICAL AND JOB WORKSHEET - ADULT**

Please do **not** mail this worksheet to your local office. Did you know that you can start the application process online? Visit www.socialsecurity.gov/applyfordisability for more information! Complete this worksheet to get ready for the appointment or when filing online. This worksheet is not the application for Social Security disability benefits. You should bring this worksheet to your appointment or have it with you if your appointment is by telephone.

## **Medical Conditions**

List all of the physical or mental conditions (including emotional or learning problems) that limit your ability to work. If you have cancer, please include the stage and type. List each condition separately.

|          |        |       | CONDITIONS                                     |        |
|----------|--------|-------|--|--------|
|          |        | 1.    |  |        |
|          |        | 2.    |  |        |
|          |        | 3.    |  |        |
|          |        | 4.    |  |        |
|          |        | 5.    |  |        |
| В.       | If you | are   | e not working, when did you stop working?      |        |
| C.       | Heigh  | nt w  | vithout shoes:feetinches Weight without shoes: | pounds |
| <b>D</b> | Modi   | cal ( | Sources  |        |

## **Medical Sources**

Please list any doctors, hospitals, clinics, therapists, or emergency rooms you have visited because of your conditions.

| NAME | ADDRESS | PHONE NUMBER<br>(with area code) | DATE FIRST<br>SEEN OR<br>ADMISSION<br>DATE | DATE LAST<br>SEEN OR<br>DISCHARGE<br>DATE |
|------|---------|----------------------------------|--|---|
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |

## E. Medicines

Please list any medicines you take and why you take them. If prescribed, please provide the doctor's name.

| NAME OF MEDICINE | WHY YOU TAKE IT | PRESCRIBED BY |
|------------------|-----------------|---------------|
|                  |                 |               |
|                  |                 |               |
|                  |                 |               |
|                  |                 |               |
|                  |                 |               |
|                  |                 |               |

#### F. Medical Tests

Please list any medical tests you had or are going to have in the future.

| NAME OF TEST | PROVIDER WHO SENT YOU | DATE(S) |
|--------------|-----------------------|---------|
|              |                       |         |
|              |                       |         |
|              |                       |         |
|              |                       |         |
|              |                       |         |
|              |                       |         |

## **G.** Job History

List the jobs (up to 5) that you have had in the 15 years before you became unable to work because of your physical or mental conditions. List your most recent job first.

| JOB TITLE    | TYPE OF BUSINESS<br>(e.g., restaurant) | DATES WORKED  |             | HOURS   | DAYS     | RATE OF PAY |           |
|--------------|--|---------------|-------------|---------|----------|-------------|-----------|
| (e.g., cook) |  | FROM<br>Mo/Yr | TO<br>Mo/Yr | PER DAY | PER WEEK | Amount      | Frequency |
|              |  |               |             |         |          |             |           |
|              |  |               |             |         |          |             |           |
|              |  |               |             |         |          |             |           |
|              |  |               |             |         |          |             |           |
|              |  |               |             |         |          |             |           |
|              |  |               |             |         |          |             |           |
|              |  |               |             |         |          |             |           |

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