

Disability Claim Form Sample for PTSD

Access a comprehensive **disability claim form sample** tailored for PTSD cases, designed to streamline your application process. This sample guides you through essential sections, ensuring accurate and detailed information submission. Utilize it to enhance your chances of a successful disability claim related to post-traumatic stress disorder.

Personal Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

Claim Details

Diagnosis (PTSD):

Post-Traumatic Stress Dis

Date of Diagnosis:

Describe your symptoms and how they impact your daily life:

Briefly describe the traumatic incident(s):

Medical Treatment History

Primary Healthcare Provider:

Dates of Treatment:

Current Medications:

Therapies Attended:

Functionality Assessment

How has PTSD affected your ability to work or perform daily tasks?

Additional Support/Accommodations Needed:

Declaration and Consent

I hereby declare that the information provided is true and accurate to the best of my knowledge.

☐ I consent to the processing of my information for the disability claim process.

Signature:

Date:

Submit Claim