

Disability Claim Form Example for Diabetes

This **printable disability claim form** example for diabetes provides a clear and easy-to-use template to help individuals apply for disability benefits related to their condition. It includes essential sections for medical history, treatment details, and the impact of diabetes on daily life. Downloading and completing this form ensures a smoother claims process with accurate and organized information.

1. Personal Information

Full Name:

Date of Birth:

Contact Information (Phone/Email/Address):

2. Medical History

Type of Diabetes (Type 1/Type 2/Other):

Date of Diagnosis:

Other Medical Conditions (if any):

3. Treatment Details

Describe current treatment and medications for diabetes:

Primary Care Physician/Endocrinologist Name:

Physician's Contact Information:

4. Impact on Daily Life

Explain how diabetes impacts your ability to work or perform daily activities:

Recent Work History (Employer, Position, Dates):

5. Additional Information

List any supporting documents attached (e.g. lab results, doctor's notes):

Signature:

Date:

Please complete all sections accurately. Attach relevant medical records and supporting documentation when submitting your disability claim.