

Sample Filled Disability Claim Form for Arthritis

This **sample filled disability claim form** for arthritis provides a clear example to help applicants accurately complete their documentation. It highlights essential medical details and personal information necessary to support the disability claim process. Use this guide to ensure your form is thorough and correctly formatted.

Personal Information

Full Name	Jane Elizabeth Doe
Date of Birth	March 15, 1977
Gender	Female
Address	123 Main Street, Apt 4B, Springfield, IL 62704
Phone Number	(217) 555-0123
Email	jane.doe@email.com
Social Security Number	*--4567

Medical Information

Primary Diagnosis	Rheumatoid Arthritis
Date of Onset	August 2019
Treating Physician	Dr. Samuel Richards, MD
Clinic/Hospital	Springfield Rheumatology Clinic
Current Medications	Methotrexate 15mg weekly, Ibuprofen 400mg PRN, Hydroxychloroquine 400mg daily
Symptoms	Persistent joint pain and swelling in hands, wrists, and knees; morning stiffness lasting over 90 minutes; difficulty gripping objects.
Functional Limitations	Unable to sit or stand for prolonged periods; limited ability to perform daily tasks (dressing, cooking, cleaning); requires assistance for personal care.
Treatments Attempted	Physical therapy, NSAIDs, DMARDs, corticosteroids.

Employment Information

Employer	Springfield Central Library
Job Title	Library Assistant
Employment Status	Currently on medical leave
Last Day Worked	December 10, 2023
Reason for Leave	Increasing pain and loss of mobility due to rheumatoid arthritis

Supporting Documentation

- Recent medical reports from Dr. Richards (January 2024)

- Physical therapy progress notes
- Imaging results (X-rays of hands and knees)
- Copies of completed Activities of Daily Living (ADL) questionnaires

Applicant Declaration

I certify that the information provided in this claim form and accompanying documents is accurate and complete to the best of my knowledge.

Signature: _____

Date: February 2, 2024