Medical Report Form Sample for Disability Evaluation

This **medical report form sample** is designed specifically for disability evaluation, ensuring comprehensive documentation of a patient's medical status. It facilitates accurate assessment by healthcare professionals through structured sections covering diagnosis, functional limitations, and treatment history. Utilizing this form streamlines the evaluation process and supports objective decision-making.

1. Patient Information

Full Name:

Date of Birth:

Patient ID / SSN:

Address:

Contact Number:

2. Referring Physician Information

Physician Name:

Contact Number:

Address:

3. Diagnosis

Primary Diagnosis:

Secondary Diagnoses (if any):

Date of Diagnosis:

4. Relevant Medical History

Summary of Relevant Medical, Surgical, and Family History:

5. Functional Limitations

Area of Functioning	Limitation (Describe)	Severity (Mild/Moderate/Severe)

Mobility		Select ▼
Self-care		Select ▼
Communication		Select ▼
Cognitive Function		Select ▼

6. Current Treatment

Medications, Therapies, and Other Interventions:

Response to Treatment:

7. Prognosis

Clinical Prognosis and Expected Course:

8. Additional Comments

Other Relevant Information/Recommendations:

9. Physician Certification

Physician's Signature:

Date: