

# Disability Claim Form Sample for Mental Health Conditions

Download our **disability claim form sample** specifically designed for mental health conditions to simplify your application process. This sample provides clear guidance on accurately documenting symptoms and medical history. Ensure your claim is well-prepared to improve approval chances.

## Personal Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

## Claim Details

Primary Mental Health Condition(s):

Date of Diagnosis:

Treatment History:

List all treatments, medications, and healthcare providers.

Current Symptoms and Limitations:

Describe in detail how your condition(s) impact your daily life.

How has your condition affected your ability to work?

Treating Physician or Mental Health Professional:

Contact Information of Physician:

## Supporting Documentation

Please attach any of the following if available:

- Clinical notes or letters from your healthcare provider
- Relevant test results or psychological evaluations
- Employment records, if applicable

Attach Files:  No file selected

☐ I certify that the information provided is true and accurate to the best of my knowledge.