

Medical Statement Template for Disability Benefits

This **medical statement template** for disability benefits is designed to streamline documentation for healthcare providers, ensuring all essential information is clearly presented. It supports accurate assessment and swift approval of disability claims by outlining medical history, diagnosis, and functional limitations. Utilizing this template enhances communication between medical professionals and benefits administrators, facilitating effective disability evaluations.

Patient Information

Full Name:

Date of Birth:

Patient ID/Record No.:

Medical History

Relevant Medical History:

Diagnosis

Diagnosis (ICD-10 code, if applicable):

Functional Limitations

Please describe the patient's functional limitations (e.g. mobility, cognitive, daily living activities):

Prognosis & Recommendations

Prognosis:

Recommendations regarding disability benefits:

Healthcare Provider Information

Provider Name:

Specialty:

Contact Information:

Signature:

Date: