



# MEDICAL AND JOB WORKSHEET - ADULT

## Help us to help you!

Completing this worksheet will help you get ready for the interview. Or, you can complete the Adult Disability Report on the Internet at [www.socialsecurity.gov/adulthooddisabilityreport](http://www.socialsecurity.gov/adulthooddisabilityreport). We may ask for additional information at the interview. *If you need more space, use blank sheets of paper.*

A. **Illnesses, injuries or conditions** limiting your ability to work. \_\_\_\_\_

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B. Date you became unable to work because of your medical condition (*month/day/year*). \_\_\_\_\_

C. If applicable, **Medical Assistance Number** (*Medicaid or other*). \_\_\_\_\_

D. **Doctor/HMO/therapist/ or other person who treated your illnesses, injuries, or conditions, or who you expect to treat you in the future.**

NAME	ADDRESS, ZIP CODE, and PHONE NUMBER	PATIENT I.D. NUMBER	DATE FIRST SEEN	DATE LAST SEEN

E. **Hospitals, clinics, or emergency rooms** you visited or expect to visit because of your **illnesses, injuries, or conditions.**

NAME	ADDRESS, ZIP CODE, and PHONE NUMBER	PATIENT I.D. NUMBER	DATE IN	DATE OUT

