

## MEDICAL HISTORY AND DISABILITY STATEMENT

**Instructions:** It is very important that you read and answer **all** questions carefully. Your responses may help to determine if you are disabled. You may ask someone such as a relative, friend, eligibility worker, or someone from the health care field to help you complete this form. If someone helps you to complete the form, the answers should, to the extent possible, be in your own words.

Name of potentially disabled individual: \_\_\_\_\_  
Last Name First Name

DHS Case Name: \_\_\_\_\_ DHS Case Number: \_\_\_\_\_

DHS Client ID Number: \_\_\_\_\_

### **\*\*\*\*\* MEDICAL / PSYCHOSOCIAL PROFILE \*\*\*\*\***

1. Describe your disability and explain the reason(s) why you are unable to work:
2. Describe the cause of your disability (i.e. accident, injury, illness, etc.):
3. Describe all treatment(s) prescribed by any physician for your disability:
4. How often do you see your doctor for treatment? (Check one of the following blocks)  
☐ weekly    ☐ several times a month    ☐ monthly    ☐ quarterly or more
5. List hospitalization(s) within the past two years, reason for hospitalization(s), and duration(s) of stay:
6. Have you applied for social security disability benefits? Check appropriate block(s):  
☐ No  
☐ Yes      Date applied for benefits: \_\_\_\_\_  
☐ My application is pending.  
☐ My application has been approved and I am currently or will soon be receiving benefits.  
☐ My application was denied. Explain reason given for denial of benefits:

**\*\*\*\*\* EDUCATION LEVEL \*\*\*\*\***

1. Are you able to understand and communicate in English:  
☐ Yes      ☐ No
2. Education: Please enter the last grade you completed \_\_\_\_\_
3. List any educational Degree, Diploma, Training, or Certificate received:

**\*\*\*\*\* PREVIOUS WORK EXPERIENCE \*\*\*\*\***

1. Have you ever been employed?      ☐ Yes      ☐ No  
If yes, list the last job and type of work:
2. List the date of your last employment and reason(s) why your job was terminated:

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I certify that the information I have provided to be true, accurate, and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant/Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Applying  
for Applicant/Recipient

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

If applicant/recipient did not complete this form on their own, explain the reason(s) why:

\_\_\_\_\_  
Name of person who helped complete form

\_\_\_\_\_  
Date

\*\*\*\*\*

Remarks: