PATIENT DISABILITY INFORMATION

Information to help your doctor complete your disability insurance paperwork.

Please complete this form before your appointment and bring it with your insurer's disability form and the policy page that explains your definition of disability. Answer each question as accurately as possible. If you are unsure of an answer, leave it blank and discuss it with your doctor.

Name:		**Date:**	
Occupation before disability:		**Last day worked:**	

1. CURRENT DEFINITION OF "DISABLED" UNDER MY POLICY

Copy the definition exactly as it appears in your insurance policy. Do not summarize or reword it. If it does not fit below, attach a copy of the complete policy page.

Current test:	☐ Own occupation ☐ Any occupation ☐ Other: _____	**Policy page:**	
Applies from:		**Applies until / changes on:**	
Write the policy definition here:			

2. ESSENTIAL DUTIES OF MY OCCUPATION BEFORE DISABILITY

List the five most important tasks you performed in your job. Think about what you did each day, including physical tasks, concentration, communication, working hours, pace and safety responsibilities. Focus on your actual duties rather than just your job title.

Essential duty	What the duty requires

3. MY CURRENT FUNCTIONAL RESTRICTIONS AND LIMITATIONS

Restrictions: Activities you should avoid because they could affect your health or safety.
Limitations: Activities you have difficulty doing because of your symptoms or medical condition.

Current restriction or limitation	Essential job duty affected

Important: This sheet contains information supplied by the patient as a quick reference. It is not a medical opinion and does not decide whether the patient meets the policy's definition of disability. The treating professional should provide an independent clinical opinion.