

## Overview

This Disability Report is one step in the disability claim process described below. After you submit this report electronically, we will give you the opportunity to complete the application for Social Security benefits online.

## Steps in the Disability Claim Process:

- . Disability Report (about 90 minutes) provides us with medical and work history
- Medical Release Form (Authorization to Disclose Information to the Social Security Administration) (about 5 minutes) allows us to get information from your medical sources
- . Disability Application (about 15 minutes) provides us with information regarding eligibility for payment

Note: Print and review the Adult Disability Checklist so you know what information you need to begin the Disability Report. (The Adult Disability Checklist requires Adobe Reader to open and print it.)

If you have not already done so, refer to How to Move Around in This Report to understand how to navigate and work with the Disability Report.

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## Overview

This Disability Report is one step in the disability claim process described below. You have already completed the Disability Application.

## Steps in the Disability Claim Process:

- Disability Application You have already completed the Disability Application
- Disability Report (about 90 minutes) provides us with medical and work history
- Medical Release Form (Authorization to Disclose Information to the Social Security Administration) (about 5 minutes) allows us to get information from your medical sources

**Note:** Print and review the <u>Adult Disability Checklist</u> so you know what information you need to begin the Disability Report. (The Adult Disability Checklist requires <u>Adobe Reader</u> to open and print it.)

If you have not already done so, refer to <u>How to Move Around in This Report</u> to understand how to navigate and work with the Disability Report.

[N]ext >>



# **Medical Release Form**

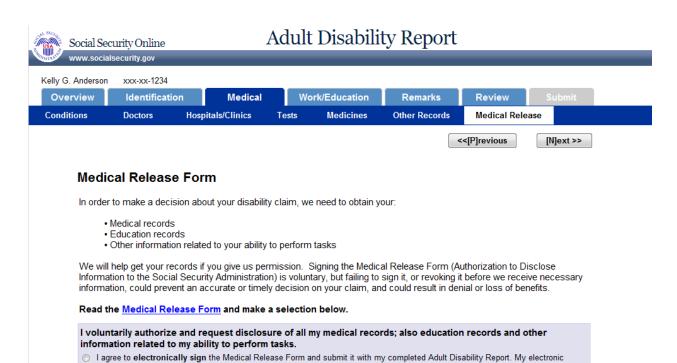
In order to make a decision about your disability claim, we need to obtain your:

- Medical records
- · Education records
- Other information related to your ability to perform tasks

We will help get your records if you give us permission. Signing the Medical Release Form (Authorization to Disclose Information to the Social Security Administration) is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits.

Read the Medical Release Form and make a selection below.

I voluntarily authorize and request disclosure of all my medical records; also edu information related to my ability to perform tasks.	cation records and other	
<ul> <li>I agree to electronically sign the Medical Release Form and submit it with my completed Ac signature is the same as my handwritten signature. (Recommended)</li> </ul>	dult Disability Report. My electro	nic
<ul> <li>I agree to print, sign and mail a paper copy of the Medical Release Form after submitting runderstand this may delay the processing of my disability claim.</li> </ul>	my completed Adult Disability Re	port. I
[S]ign Off (finish later)	<<[P]revious [N]	ext >>

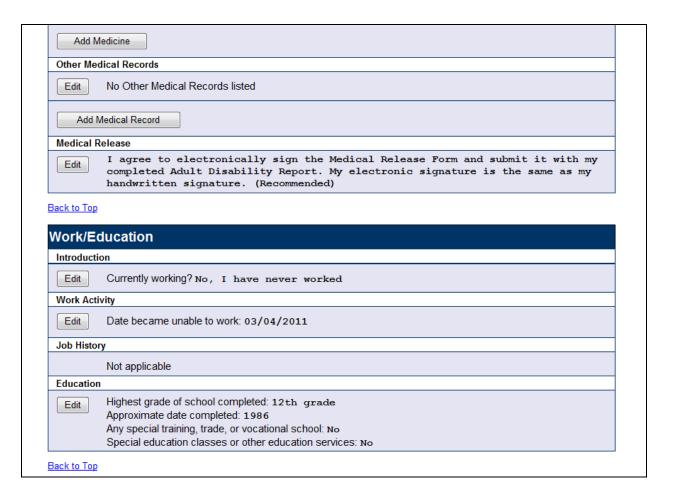


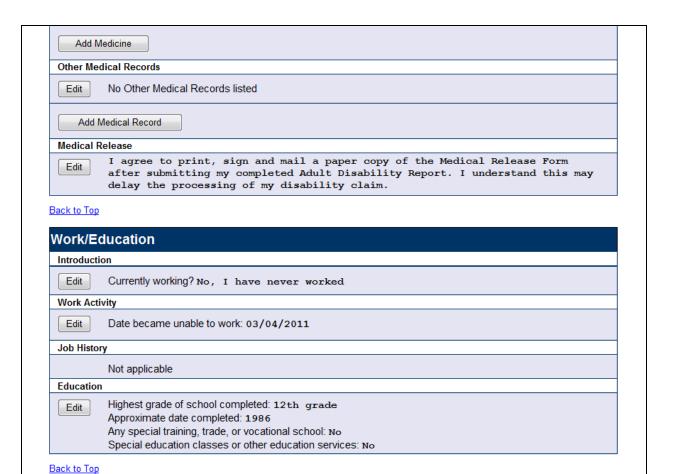
I agree to print, sign and mail a paper copy of the Medical Release Form after submitting my completed Adult Disability Report. I

This may delay processing of your disability claim. To electronically sign, change your selection above.

signature is the same as my handwritten signature. (Recommended)

understand this may delay the processing of my disability claim.







# Adult Disability Report

Overview Ide	entification	Medical	Work/Education	Remarks	Review	Submit
Printing Instructions	Submit	Receipt	Next Steps			
				<<	[P]revious	[N]ext >>
Printing Instruct	ions					
Do you have a	working print	er right now?				
○Yes ○No	•					
Working Printer D	irections					
Print or save this page		ds. Note: If you	choose to save this pa	ge, save it as a file	and not as a	
Print this page	•					
Your claim for disabi taking all the followin		ery important to u	ıs. Help us start work	on the claim as soc	on as possible by	
What You Need To	Do Nevt					
		ctronically sub	mit the Disability Re	port and the Med	ical Release For	m.
<ol><li>If you already h</li></ol>	ave copies of yo	ur medical reco	rds, you can send or b	ring them to your lo	ocal Social Securi	
	<u>Cover Sheet</u> . Ho dical records you		ot recommend that yo o this for you.	u delay submission	of this report by	
Your local Social S	courity office:					
	•					
SOCIAL SECURITY 1010 Park Ave	ADMINISTRATIO	ON				
Suite 200						
Baltimore, MD 2120 (866) 931-9942	I					
If you have printing Please try again. If yo		e to print, contin	ue on and submit this	report by selecting	the Next button.	
Print this page						
[S]ign Off (finish lat	er)			<< [P]revious	[N]ext >>	

# Printing Instructions

# Do you have a working printer right now? ⊚ Yes ○ No

## **Working Printer Directions**

Print or save this page for your records. Note: If you choose to save this page, save it as a file and not as a bookmark. <u>More Info</u>

Print this page...

Your claim for disability benefits is very important to us. Help us start work on the claim as soon as possible by taking all the following steps. Even though this is an online report, there is still paperwork involved. (The Medical Release Form (Authorization to Disclose Information to the Social Security Administration) requires <a href="Adobe Reader">Adobe Reader</a> to open and print it.)

## What You Need To Do Next:

- 1. Print the Cover Sheet.
- Print, sign, and date the <u>Medical Release Form</u> (Authorization to Disclose Information to the Social Security Administration). (View <u>instructions</u> for completing this form.)
- 3. Select the Next button to electronically submit this Disability Report
- Mail or bring the Cover Sheet and signed and dated Medical Release Form to your local Social Security
  office listed below. DO NOT take these forms to your doctor.

## Your local Social Security office:

SOCIAL SECURITY ADMINISTRATION 1010 Park Ave Suite 200 Baltimore, MD 21201 (866) 931-9942

If you already have copies of your medical records, you can send or bring them to us with the Cover Sheet and Medical Release Form. However, we do not recommend that you delay submission of this report by requesting medical records yourself. We can do this for you.

### If you have printing problems:

Please try again. If you still are unable to print, continue on. Contact Social Security at the address and phone number listed above to tell us that you could not print the Medical Release Form.

Print this page		
ISlign Off (finish later)	<< [P]revious	[N]ext >>



# Adult Disability Report

# **Cover Sheet**



I have completed the Adult Disability Report and the Medical Release Form (Authorization to Disclose Information to the Social Security Administration) online.

I understand that the full Adult Disability Report that I completed over the Internet and sent to SSA electronically will be used in making a decision on my claim for disability benefits.

# Kelly G. Anderson's address is:

400 Cathedral St. Apt 7A Baltimore, MD 21201

# Kelly G. Anderson's phone number is:

410-644-6789

Alternate phone 443-799-6692

# Name and address of someone else SSA can contact who knows about Kelly G. Anderson's condition:

Chris Anderson 400 Cathedral St. Apt 7A Baltimore, MD 21201

have attached the following items: (Check all that apply.)
Copies of Medical Records You Already Have

Other (Please list below.)

Name of person completing this disability report: Kelly G. Anderson

## Mail or bring to:

SOCIAL SEČURITY SUITE 200 1010 PARK AVE BALTIMORE, MD 21201



# Adult Disability Report

# **Cover Sheet**



I have completed the Adult Disability Report online.

I understand that the full Adult Disability Report that I completed over the Internet and sent to SSA electronically will be used in making a decision on my claim for disability benefits.

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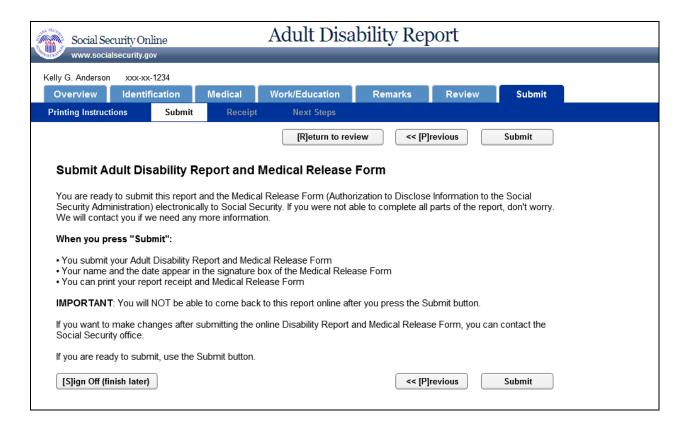
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<ul> <li>Medical Release Form (Authorization to Disclose Information to the Social Security Administration</li> <li>Copies of Medical Records You Already Have</li> <li>Other (Please list below.)</li> </ul>

Name of person completing this disability report: Kelly G. Anderson

Mail or bring to: SOCIAL SECURITY SUITE 200 1010 PARK AVE BALTIMORE, MD 21201



# **Other Medical Records**

No Other Medical Records listed

# Medical Release

I agree to electronically sign the Medical Release Form and submit it with my completed Adult Disability Report. My electronic signature is the same as my handwritten signature. (Recommended)

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# Work/Education

# Introduction

Currently working? No, I have never worked

# **Work Activity**



#### Receipts for Your Records

Thank you for completing the Adult Disability Report and the Medical Release Form (Authorization to Disclose Information to the Social Security Administration).

Print or save this page and the Medical Release Form for your records. If you choose to save this page, save it as a file and not as a bookmark. More info

- Print this page...
- 2. Print the Medical Release Form

Your Online Adult Disability Report and electronically signed and dated Medical Release Form were received on June 6, 2011 at 11:49:00 am Eastern Time. We will process them at your local Social Security office.

#### What to Expect:

- It takes about 120 days to make a disability decision. Every case is different. We may take more or less time on your case.
- We may contact you for more information while we work on your case
- If we need more medical evidence, we may ask you to see a doctor for a special exam free of charge.

## Contact us immediately to report:

- · A change of address or phone number
- Visit to a new doctor
   A new medical test
- A change in medical condition
- · A change in work activity

## To Contact Social Security:

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll free "TTY" number, 1-800-325-0778.
- Representatives are available Monday through Friday from 7 a.m. to 7 p.m., or Contact your local Social Security office at the address below

SOCIAL SECURITY ADMINISTRATION 1010 Park Ave Suite 200 Baltimore, MD 21201 (866) 931-9942

# Identification Applicant Name: Kelly G. Anderson Social Security Number: 988-77-1234 Date of birth: February 19, 1968 Report Completer I am completing this disability report for myself **Applicant's Personal Information** Other Names Used on Medical or Educational Records: No Preferred Language: English Mailing Address: 400 Cathedral Street, Apt 7A, Baltimore, MD 21201 Daytime Phone: 410-644-3211 Alternate Phone: 443-799-6692 Other Contact Name: Chris Anderson Relationship: Husband or Wife Mailing Address: 400 Cathedral Street, Apt 7A, Baltimore, MD 21201 Daytime Phone: 866-867-5309 Preferred Language: English

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# Medical

#### Conditions

List of physical and mental conditions:

1: type 2 diabetes

2: heart disease

3: COPD

4: depression

Height without shoes: 5 feet, 8 inches Weight without shoes: 260 pounds

Conditions cause pain or other symptoms: Yes

Seen a healthcare provider or received treatment, or have an appointment scheduled:

For physical conditions: Yes
For mental conditions: Yes

## **Doctors and Other Healthcare Professionals**

Doctor/Professional #1: Dr. Samantha Gupta Office Name: Physicians Associate Group

Address: 900 Caton Avenue, Suite 301, Catonsville, MD 21229

Phone: 410-496-9643

Reason for visits: diabetes, heart disease, COPD

Treatments received: blood pressure and breathing monitored

First visit: 2001 Last visit: 03/2011

Next scheduled appointment: None

Doctor/Professional #2: Dr. Elijah Saunders

Address: 2200 Kernan Drive, Room 4611, Baltimore, MD 21207

Phone: 410-328-4266

Reason for visits: depression, pain management

Treatments received: therapy

First visit: 11/2008

Last visit: 06/2011

Next scheduled appointment: 08/2011

Hospitals and Clinics Hospital/Clinic #1: Union Memorial Hospital Address: 201 East University Parkway, Suite 226, Baltimore, MD 21218 Phone: 410-554-2532 Inpatient Stays: Date In: 03/2011 Date Out: 03/2011 Outpatient Visits: None Emergency Room Visits: First visit: 2009 Last Visit: 2011 Reason for visits: heart surgery, couldn't breathe well Treatments received: surgery Hospital/Clinic #2: Vancouver General Hospital Address: 855 West 12th Avenue, Vancouver, Canada V5Z 1M9 Phone: 604-875-4111 Inpatient Stays: None Outpatient Visits: None Emergency Room Visits: 10/2010 Reason for visits: thought I was having a heart attack Treatments received: observation Tests Test #1: EKG Sent for test by: Doctor at Vancouver General Hospital Date of test: 10/2010 Test #2: x-Ray Test Description: chest Sent for test by: Doctor at Vancouver General Hospital Date of test: 10/2010 Medicines Medicine #1: Singulair Reason: for breathing Prescribed by: Dr. Samantha Gupta Medicine #2: Plavix Reason: a blood thinner Prescribed by: Dr. Samantha Gupta Medicine #3: Cymbalta Reason: for depression Prescribed by: Dr. Elijah Saunders Medicine #4: Tylenol Reason: for pain Prescribed by: Dr. Elijah Saunders

## Other Medical Records

No Other Medical Records listed

## Medical Release

I agree to electronically sign the Medical Release Form and submit it with my completed Adult Disability Report. My electronic signature is the same as my handwritten signature. (Recommended)

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# Work/Education

# Introduction

Currently working? No, I have never worked

# Work Activity

Date became unable to work: 03/04/2011

# Job History

Not applicable

# Education

Highest grade of school completed: 12th grade Approximate date completed: 1986 Any special training, trade, or vocational school: No

Special education classes or other education services: No

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# Remarks

# Remarks

None

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Print this page...

[N]ext >>

# Other Medical Records

No Other Medical Records listed

## Medical Release

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# Work/Education

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Currently working? No, I have never worked

# **Work Activity**

Date became unable to work: 03/04/2011

