

Physician's Disability Assessment

Patient Information

Full Name

Date of Birth

Patient ID/Number

Date of Assessment

Diagnosis

Primary Diagnosis

Secondary Diagnosis (if any)

Functional Limitations

Describe the patient's functional limitations

Current Treatment

Current Treatment Plan

Prognosis

Prognosis for Recovery or Improvement

Disability Status

Expected Duration of Disability

Capacity to Work (if applicable)

Physician Information

Physician's Name

License Number

Contact Information

Signature

Date