You can complete this **Optional Medical and Job Worksheet** to get ready for your phone or in-person interview or as you prepare to complete your online application. If you decide to complete it, please have it with you when you start the online application or when it is time for your appointment.

Please do NOT mail this worksheet to Social Security. It is NOT the application for Social Security disability benefits.

Do not delay filing your application if you do not have all of the information on this worksheet. We will help you get any missing information.

A. Medical Condition(s)

List all physical or mental conditions (including emotional or learning difficulties) that limit your ability to work. If you have cancer, please include the stage and type. List each condition separately.

	Condition(s)				
1.					
2.					
3.					
4.					
5.					

B. Medical Sources

Please list health care providers (e.g., doctors, psychiatrists, therapists, nurse practitioners, hospitals, etc.) that examined you or treated your medical condition(s).

Name of Provider	Address	Phone Number (with area code)	Date First Seen by Provider or Admission Date	Date Last Seen by Provider or Discharge Date

C. Medicine(s)

Please list medicine(s) you take (prescribed and over-the counter) and why you take them. For prescribed medicines, include the names of the health care providers who prescribed them.

Why You Take It	Prescribed By		
	Why You Take It		

D. Medical Test(s)

Please list any medical tests you had or are going to have in the future. Examples include biopsies, X-rays, and psychological tests.

Name of Test	Provider Who Sent You	Date(s)		

E. Job History

List the jobs (including self-employment and jobs in a foreign country) you have had in the past 15 years. If you had more than 5 jobs, include the most recent jobs.

.g. restaurant)	From					
	Mo/Yr	To Mo/Yr	Per Day	Per Week	Amount	Frequency

Remember, you can get started online! Visit www.ssa.gov/apply for more information.