

Social Security Disability Appointment Protocol

Mail this form, your records and payment. Ellis Clinic will then call you to set up an appointment.

First Middle Last Name _____
 Full Mail Address _____
 Contact Phone _____ E-mail _____
 Social Security# _____ Date of Birth _____ Male Female
 Work Status: Still Working or Date Last Worked _____ Attorney/Rep _____

Conditions, Diseases and Injured Body Parts That Make it Difficult to Work

List the most disabling on top, i.e. 1. Arthritis hands 2. Surgery Left Shoulder 3. Back with nerve pain in legs 4. Surgery left knee 4. Diabetes.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Additional conditions on separate page. Extensive conditions and records may require additional charge.

Payment: Check to Ellis Clinic, PC Am Exp Discover MasterCard Visa Other

\$ _____ \$500 SSD Social Security Disability Exam and Medical Opinion Report.

\$ _____ Payment for Summary List by Ellis Clinic. \$50 per inc if records in order.

Date _____
 Card# _____ Exp _____ / _____ Security Code# _____
 Name on Card _____
 Card _____
 Address _____ Card Zip Code _____

Instructions for the Order of Records and Summary List on Page 2.

Instructions for Order of Records Social Security Disability

Send Only Copies! Records Are Destroyed and Are Not Returned.

Send only pertinent records:

- Usually, only an Operative Report but not all the hospital records will be enough.
- Usually, you do not need every physician visit record for followup medical maintenance.

ORDER of RECORDS

◆ **Page 1: Appointment Protocol SSD on Top**

◆ **Typed Summary List of Records**

- Important! Your Summary List is attached to your report. See the example below.
- You can ask Ellis Clinic to type your Summary List. Fee \$50 per inch of records if records in order.

Below Medical Records Sections:

- ◆ Insert a sheet of colored paper or a tab between each section.
- ◆ Within each section put the most recent records on top.
- ◆ No separate list for each of your conditions, i.e. Operation for all conditions are listed together.
- ◆ Staple or clip together the pages of each operation, test, each physician, etc.

1. **Operations:** Only the Operative Report.
2. **Tests:** MRI, EMG/Nerve Conduction Study, Lab Blood test if positive for a disease, etc.
3. **Hospital Records:**
 - If surgery, then usually only the Operative Report will be enough.
 - If no surgery, then usually only the Discharge Summary will be enough.
4. **Physician Records:** Reports, Office Notes, etc.
5. **Optional - Non Physician Records:** Physical Therapy, Functional Capacity Exam.

Example of a Social Security Disability Summary List

Medical Records: John Q. Doe, SSN 123-45-6789

1. Operations
 - a. 11/2/2018 Right shoulder arthroscopic surgery.
 - b. 10/15/2017 Lumbar spine fusion L5-S1.
2. Tests:
 - a. 4/4/2018 MRI Right Shoulder
 - b. 4/5/2017 MRI Lumbar spine
 - c. 3/3/2010 blood test:
 - i. Positive Rheumatoid Factor
 - ii. Low TSH
3. Hospital Records:
 - a. 7/6/2003 - 7/4/2003 Mercy Hospital Discharge Summary: Motorcycle wreck.
4. Physician Records
 - a. 11/8/2018 - 5/4/2015 Ima Cutter, DO
 - b. 6/8/2017 - 6/6/2013 Marcus Welby, MD