

FORM 10: Sample Report Outline

DATE, 201X

Dr. NAME

Address

Re: PATIENT NAME (DOB: xx/xx/xx)

Request for Questionnaire and Narrative Report

Dear Dr. NAME:

We are the attorneys for your patient, CLIENT, in his/her claim for disability benefits. We thank you for your continued involvement in CLIENT's care and assistance in providing our office with the medical records demanded by his/her insurer. We write to request: (1) a report addressing CLIENT's disability and assessment of his/her ability to work; (2) a completed questionnaire (enclosed); and (3) your current CV, including your publications, research, certifications, and other any credentials.

These requests are being made because it is imperative that your opinion as CLIENT's treating physician is well-documented. Please find below a comprehensive list of the topics that your narrative report should address:

- Diagnosis and prognosis.
- Length of care.
- Patient's relevant medical history.
- [Add questions specific to this condition].
- Description of symptoms.
- Objective testing that corroborates [CONDITION].
- Resultant restrictions and limitations due to [CONDITION].
- Medications and side-effects.
- Ability/inability to perform his/her own/any occupation as a [JOB].
- Other information worthy of being highlighted.

We would greatly appreciate the opportunity to review a draft of your narrative report prior to it being finalized.

Please let us know if you require any further information from us to fulfill this request. We deeply appreciate your cooperation as we attempt to reinstate [CLIENT'S] disability benefits with [INSURER].

Sincerely yours,

This form originally appeared in *An Attorney's Guide to ERISA Disability Claims*.