## Your Name

## Your Address  Your City  Your State & Zip  Your Telephone Number  Your Email

[DATE]

[DOCTOR’S NAME]

[PRACTICE NAME]

[ADDRESS]

[CITY, STATE ZIP]

Dear Dr. [NAME],

I’m hoping you will be able to help me with a letter for my disability case covering the things below. I am attaching a page with some responses, so you don't have to go and look up treatment dates, etc - please feel free to use whatever is useful and discard the rest. If you could please provide this letter on your office letterhead that would be most helpful.

Please let me know if you have any questions and I would love to come and pick this up whenever you have had a chance to complete it. (OPTIONAL: Ideally I need to get it to my attorney by [DATE]).

Thank you in advance for your assistance,

[YOUR SIGNATURE]

[YOUR NAME]

Attachment: Doctor Report Template

**Questions for Disability Letter**

1. When did you first start treating the patient?
2. OPTIONAL: In regards to the diagnosis of migraine, can you please refer to the neck MRI referencing any possible link between the cervical radiculopathy and aggravation of migraines?
3. How often does your patient get headaches?
4. How long do they last?
5. If possible, describe the symptoms that she experiences?
6. What kinds of treatment has your patient participated in?
7. Have these been effective?
8. Is there a new treatment you have prescribed that may help this patient?
9. What is her prognosis?
10. Any other comments or observations that could be helpful to Social Security in understanding migraine and this patient’s ability to engage in full-time work?