# Medical Summary Report Template

Use your own agency letterhead and delete the guidance underneath
each heading when submitting to DDS.

[Insert DDS Address/Examiner, if known]

**Applicant Name:
Social Security Number (SSN):
Date of Birth (DOB):**

Dear DDS Examiner,

## Introduction

(Describe the applicant (include their height and weight, general appearance). Provide examples of your interactions with the applicant, including observations of their mannerisms and symptoms of their illnesses/conditions. List all the applicant’s diagnoses, both physical and mental health.)

## Personal History

(Provide an overview of the applicant’s childhood, adolescence, and adulthood regarding their current disability. Present this section chronologically and connect any trauma or early experiences to the applicant’s illnesses/conditions and functioning. Discuss the applicant’s current living situation and how any instances of homelessness are connected to their illnesses/conditions.)

## Educational History

(Provide an overview of the applicant’s educational experience, any assistance or special education services they received, and, if applicable, the reason for not completing school.)

## Legal History

(If applicable, discuss the applicant’s interactions with law enforcement or the legal system and how these interactions are connected to their illnesses/conditions.

## Occupational History

(Discuss the applicant’s employment and military history for the past 15 years. Include all jobs and dates worked. Describe any assigned tasks they could not complete due to their illnesses/conditions and the reasons the jobs ended. Discuss their relationships with supervisors and co-workers and how any difficulties relate to their current symptoms and functioning.)

## Physical Health Treatment

(Provide a summary/overview of the applicant’s physical health conditions, treatment they have received, and medications prescribed. Describe how their symptoms impact their ability to follow prescribed treatment.)

## Mental Health Treatment

(Provide a summary/overview of the applicant’s mental health conditions and treatment they have received, with an emphasis on their recent evaluations. Include where, when, why, and by whom they were seen, diagnoses received, and medications administered or prescribed. Include quotes from the records that help document symptoms or functional impairments. Review the [SSA Blue Book](https://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm) listing for each of the applicant’s diagnoses and provide information that helps to meet the listing.)

## Substance Use

(If applicable, discuss the applicant’s history of substance use and their reasons for using. Describe any treatment they have received and provide examples of how they continued to experience symptoms of their diagnoses during times of non-use.)

## Functional Information

(The functional information section is one of the most important of the MSR. It helps to meet 50% of the disability criteria. Address all four areas of functioning as comprehensively as possible (at least 1-2 good paragraphs of information for each) using detailed examples and quotes to describe how the applicant’s symptoms impact their current ability to function.)

### Understand, Remember, or Apply Information

### Interact with Others

### Concentrate, Persist, or Maintain Pace

### Adapt or Manage Oneself

## Summary

(Restate the diagnoses/conditions provided in the introduction and briefly summarize the evidence provided in the MSR.)

Sincerely,

[Signature of SOAR case worker]

[Signature of the applicant’s Acceptable Medical Source]