



## Sample letter to Social Security Administration from physician on behalf of patient

Today's Date

**RE: Patient's Name, Case Number (if available)**

To whom it may concern:

I am contacting you on behalf of my patient, **Patient's full name**. **Patient's name** is currently applying for disability and asked me to provide this statement about **his/her** medical diagnosis and physical condition.

Psoriasis is a chronic, life-altering and often debilitating condition for which there is no cure. As many as 30 percent of people with psoriasis also develop psoriatic arthritis, which causes pain, stiffness and swelling in and around the joints. Although these conditions reveal themselves on the skin and in the joints, there is also a powerful negative effect on mental functioning. Researchers have found that psoriasis causes as much disability as other major diseases, such as cancer, arthritis, hypertension, heart disease, diabetes and depression.

**Patient's name** suffers from **(list conditions)**. As a result of **this/these condition(s)**, **he/she** should be considered disabled. **Patient name's** ability to perform a number of basic tasks is limited. **Describe how the patient's condition affects his/her:**

**Ability to work:**

- How has the patient's condition compromised his/her ability to perform tasks in the workplace?

**Overall mobility:**

- Does the patient have difficulty standing or walking for extended periods?
- Has psoriatic arthritis compromised his/her manual dexterity?
- Can the patient reach overhead, bend over or lift heavy items?
- Can the patient perform routine or repetitive tasks?

**Psychological state:**

- Does the patient suffer from depression or another psychological condition?

If you have any further questions regarding this patient, please do not hesitate to contact me.

Sincerely,

Physician Name  
Physician Address  
City, State ZIP Code  
Phone Number

Cc: **Name of Patient**  
National Psoriasis Foundation