

## Prader-Willi Syndrome SSI Disability Evaluation Form for Physicians

Legal Name of Applicant:	
Social Security Number:	
Date of Birth:	
Physician Completing Form	

Dear Physician: This patient under your care is applying for Social Security Supplemental Income (SSI). The medical evidence of disability will be very important in the evaluation conducted by Social Security. In addition to a letter of support describing this patient's medical condition, please complete the following evaluation checklist recommended by Social Security for applicants with Prader-Willi Syndrome. Thank you!

### Medical

**Does (or has) this patient experienced any of the following:**

	Yes ✓	No ✓	Unknown ✓
Obesity			
High Pain Threshold			
Temperature Instability			
Thick Saliva			
Hypotonia			
Skin Picking			
Hypothyroidism			
Growth Hormone Deficiency			
Unusual Reactions to Anesthesia			
Adverse reactions to some medications			
Water Intoxication			
Respiratory Concerns			
Lack of Vomiting			
Gastroparesis			
Severe Gastric Illness			
Skin Lesions and Bruises			
Hyperphagia and food seeking			
Orthopedic Problems			
Sleep Apnea			

**Behavioral Issues**

**This patient:**

	Yes √	No √	Unknown √
Is subject to uncontrollable fits of rage.			
Is limited in sequential reasoning.			
Is subject to perseveration.			
Is subject to inappropriate and socially unacceptable behaviors.			
Is subject to impaired judgment.			
Is subject to exhibiting oppositional defiant behavior.			
Demonstrates cognitive rigidity and inflexibility.			
Engages in disruptive behavior.			
Demonstrates impulse control disorder.			
Demonstrates factitious disorder.			

This form Was Completed by:	
Signature:	
Date Completed:	
Address:	
Telephone Number:	