

[Professional Letterhead: Name, Credentials, Clinic Name, Address, Phone]

Date: [Date]

To: Social Security Administration

RE: SSDI Support Letter for [Patient Full Name]

DOB: [Patient Date of Birth]

SSN: [Patient Social Security Number]

To Whom It May Concern,

I am writing this letter in support of [Patient Name]'s application for Social Security Disability Insurance (SSDI). I am a [Your Title, e.g., Licensed Clinical Social Worker / Psychiatrist / Psychologist] and have been treating [Patient Name] since [Start Date of Treatment].

Diagnosis:

The patient has been diagnosed with the following conditions according to the DSM-5:

- [Diagnosis 1, e.g., Major Depressive Disorder, Recurrent, Severe]
- [Diagnosis 2, e.g., Post-Traumatic Stress Disorder]

Clinical Findings and Symptoms:

[Patient Name] exhibits clinical symptoms including [List symptoms, e.g., chronic fatigue, panic attacks, impaired concentration, social withdrawal, suicidal ideation, or memory deficits]. These symptoms are documented through [List methods, e.g., clinical interviews, standardized testing, mental status exams].

Functional Limitations:

Due to these mental health impairments, the patient experiences significant functional limitations in a work setting, specifically:

- **Understanding and Remembering Information:** [Describe difficulty following instructions].
- **Interaction with Others:** [Describe difficulty with supervisors, co-workers, or the public].
- **Concentration, Persistence, and Pace:** [Describe inability to complete tasks timely or maintain focus].
- **Adaptation/Self-Management:** [Describe inability to manage change or maintain emotional control].

Treatment History and Prognosis:

Despite compliance with [List treatments, e.g., psychotherapy, medication management, intensive outpatient programs], the patient's symptoms remain severe. It is my professional opinion that [Patient Name]'s condition is expected to last for a continuous period of at least 12 months and prevents them from engaging in any substantial gainful activity.

In conclusion, the severity of [Patient Name]'s mental health impairments makes it impossible for them to maintain regular, full-time employment at this time.

Sincerely,

[Signature]

[Your Name, Credentials]

[License Number]