

**HEALTH CONDITION FORM**

**Name:** \_\_\_\_\_ **Case No.** \_\_\_\_\_  
Last First Middle

**Phone Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_

1. What is your medical condition(s) or mental health diagnosis? \_\_\_\_\_  
\_\_\_\_\_
2. What date did this condition begin? \_\_\_\_\_
3. When will this condition end?  less than 1 year  1 – 2 years  3 – 4 years  Never
4. Have you applied for Social Security Disability?  Yes  No  
If yes, what is the status?  Pending  Denied  Appealed Date Appealed: \_\_\_\_\_  
Name and phone number of attorney (if applicable): \_\_\_\_\_
5. Have you applied for Supplemental Security Income (SSI)?  Yes  No  
If yes, what is the status?  Pending  Denied  Appealed Date Appealed: \_\_\_\_\_  
Name and phone number of attorney (if applicable): \_\_\_\_\_
6. Are you currently taking any medications that may impact your work performance?  Yes  No
7. If yes to above, please list any medications you are prescribed:  
\_\_\_\_\_
8. Are you able to work (including odd jobs)?  Yes  No
9. Do you have work restrictions verified by a medical professional?  Yes  No
10. If yes, please list: \_\_\_\_\_
11. How are you supporting yourself? \_\_\_\_\_
12. Do you have health insurance?  Yes  No
13. Do you have a regular physician?  Yes  No
14. If yes, how often do you see your physician?  monthly  quarterly  1X per year  other
15. Do you have a physician statement indicating you are unable to work?  Yes  No
16. When is your next doctor’s appointment? \_\_\_\_\_

The above statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date: Signature

**PLEASE ATTACH DOCUMENTATION REGARDING YOUR MEDICAL CONDITION Failure to attach documentation may result in further enforcement action on your case.**

Cherry Street Health Services  
540 Cherry Street SE  
Grand Rapids, MI  
(616) 776-2120

Network 180  
790 Fuller Ave NE  
Grand Rapids, MI  
(616) 336-3909

Browning Clayton Health Center  
1246 Madison Ave SE  
Grand Rapids, MI 49507  
(616) 913-8300

Burton Health Center  
2133 Buchanan SW  
Grand Rapids MI 49507  
(616) 247-3638

Community Health Center  
550 Cherry Street SE  
Grand Rapids, MI 49503  
(616) 235-7272

Heartside Clinic  
359 S. Division SW  
Grand Rapids, MI 49503  
(616) 685-3800